



## Youth Volunteer Advisory Council Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Are there any Allergies, Medical or anything else that the Youth Programs Facilitator should know???  
Y/N Please Describe:

**Emergency Contact Information:**

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Relationship? \_\_\_\_\_

**Why are you interested in becoming a volunteer with YWCA Youth Programs?**

\_\_\_\_\_  
\_\_\_\_\_

**What are you currently doing/involved with? School/work/etc.**

\_\_\_\_\_  
\_\_\_\_\_

**What are you areas of interest?**

\_\_\_\_\_  
\_\_\_\_\_

**What, if any, does your past and present volunteer experience consist of?**

\_\_\_\_\_  
\_\_\_\_\_

**What influenced your decision to join this Committee?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have First Aid/CPR/Police Background Check/or Child Abuse Register completed?  
If YES, Describe.**

\_\_\_\_\_  
\_\_\_\_\_

All information collected is confidential. It is used to facilitate our youth programs and communication within our organization. We do not sell our information outside the World Association of the Young Women's Christian Association (YWCA).