

# YMCA of Greater Seattle PROGRAM VOLUNTEER INTEREST SURVEY



## PERSONAL

Last Name	First Name	Middle Initial	Day Time Phone:
Street Address:			Evening Phone:
City, State, Zip:			Email Address:
			Best time to contact you: <span style="float: right;">By phone or email?:</span>

## INTEREST SURVEY

Why are you interested in volunteering with the YMCA of Greater Seattle?		
Is there a specific YMCA Branch, site, or geographical area in King County that you'd like to volunteer in?		
What program area(s) are you interested in working in? <i>(Note: not all programs are available at all branches)</i> <input type="checkbox"/> Teen Leadership & Development <input type="checkbox"/> Health & Fitness <input type="checkbox"/> Child Care <input type="checkbox"/> Aquatics <input type="checkbox"/> Mentoring or Tutoring <input type="checkbox"/> Member Services <input type="checkbox"/> Service Learning Opportunities <input type="checkbox"/> Policy (Boards, Committees) <input type="checkbox"/> Coaching or Officiating <input type="checkbox"/> Clerical/Administration <input type="checkbox"/> Guest Speaker/Workshop Presenter, Topic(s): <input type="checkbox"/> Other:	Other interest areas: <input type="checkbox"/> Arts <input type="checkbox"/> Environment <input type="checkbox"/> Education <input type="checkbox"/> Community Concerns <input type="checkbox"/> Global/International Issues <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Other:	What age groups would you like to work with? <input type="checkbox"/> Elementary school and younger (under 11) <input type="checkbox"/> Middle School aged (11 – 14) <input type="checkbox"/> High School aged (14 – 19) <input type="checkbox"/> Young Adults (18 – 30) <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input type="checkbox"/> I prefer to work with staff only
Do you have specific skills you would like to share or improve on?		
Do you have any interests you'd like to explore?		
Do you have previous volunteering experience? Please describe, including organization names:		
When are you available to volunteer? (Days, Times)	How often do you want to volunteer? (Ex.: once a month/twice a week/one time events?)	
How did you hear about volunteer opportunities at the YMCA?		

## STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service? Yes ___ No ___	
IF YES, name of school:	Are you interested in Service-Learning opportunities? Yes ___ No ___
Number of Hours needed:	Deadline to Complete Hours:

## COMMUNITY SERVICE VOLUNTEERS

Are you looking to complete Court Ordered Community Service Hours? Yes ___ No ___		
IF YES, offense:	Number of hours needed:	Deadline to complete hours:
Parole/Probation Officer's name:	Phone:	

Please return to the Volunteer Contact at the appropriate branch, listed at [www.seattleyymca.org/volunteer](http://www.seattleyymca.org/volunteer)