



The YMCA of Trenton
431 Pennington Avenue, Trenton NJ 08618
Phone (609) 599-9622

Volunteer Information Sheet

Date: _____

NAME _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

CONTACT PREFERENCE: Email _____ Telephone: _____ Text Message: _____

ARE YOU OVER 18 YEARS OF AGE? _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE NUMBER: _____

How did you hear about us? _____

Your Educational Background:

___ Current high school student ___ High school/GED graduate ___ Current college student ___ College graduate

Special skills/areas of interest

___ Languages: _____

___ Technology

___ Photography

___ Arts & Crafts

___ Drawing

___ Storytelling

___ Leading games/recreational activities

___ Dance

___ Yoga

___ Teaching:

___ Reading/Spelling

___ Writing/Journaling

___ Math

___ Science

___ History

___ Music/Singing

___ Physical Fitness

___ Other _____

What do you hope to gain from your volunteer experience? _____

AVAILABILITY

My availability is: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Morning ___ Afternoon ___ Evening



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Volunteer Liability Waiver

By my signature below I agree that the YMCA of Trenton, its employees, the Board of Directors and all its affiliates are not liable for any injuries or illness that I may suffer in connection with my participation in the YMCA of Trenton's activities. I hereby waive, release and forever discharge any claim for compensation or liability against the YMCA and its representatives. I agree that this Release is to be as broad and inclusive as permitted by the laws of the State of New Jersey.

Print Name _____ Signature _____

Date _____