



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winona Family YMCA High Access Volunteer Application

Please complete all fields of this form if you do not have a resume that includes this information

Area(s) you'd like to volunteer in: <input type="checkbox"/> Child Watch <input type="checkbox"/> Youth Sports <input type="checkbox"/> Aquatics	Date: _____
Name: _____	Address: _____
Phone: _____	Email: _____
Desired range of hours per week: _____	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (Minors must have a guardian authorization on file before volunteering)
Hours available to volunteer: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____ OR check this box if you have open availability <input type="checkbox"/>	Previous volunteer experience: _____ _____ _____ _____ _____
Highest level of education: _____	Major/area of study: _____
Do you have any special certifications? (CPR, First Aid, Lifeguard, WSI, Fitness, Personal Trainer, other): _____ _____	
Are you able to perform the essential functions of the volunteer position for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Submit completed form to the Front Desk or email info@winonaymca.org
 Winona Family YMCA | 902 Parks Avenue, Winona, MN 55987 | 507-454-1520

Most recent or relevant employment history

May we contact your current employer? Yes No

1. Employer name: _____ Employment Dates: _____

Job title: _____ Reason for leaving: _____

Responsibilities & duties: _____

2. Employer name: _____ Employment Dates: _____

Job title: _____ Reason for leaving: _____

Responsibilities & duties: _____

3. Employer name: _____ Employment Dates: _____

Job title: _____ Reason for leaving: _____

Responsibilities & duties: _____

References (please include at least one personal or family, and at least one previous employer, if applicable):

1. Name: _____ Email: _____

Phone: _____ Years known: _____ How you know them: _____

2. Name: _____ Email: _____

Phone: _____ Years known: _____ How you know them: _____

3. Name: _____ Email: _____

Phone: _____ Years known: _____ How you know them: _____

List any other qualifying or specialized skills, knowledge, or experiences that you have::

By submission of this application, the Winona Family YMCA reserves the right of investigation of all statements contained in this application. The applicant should be of the understanding that any misrepresentation or omission of facts listed on this application or the attached for consideration, is cause for the volunteer opportunity to cease at any time without any previous notice. The submission of this application provides the Winona Family YMCA permission to contact previous employers (unless otherwise indicated), references, and hereby releases the Winona Family YMCA from any liability as a result of such contact.

Signature: _____

Date: _____

Submit completed form to the Front Desk or email info@winonaymca.org
Winona Family YMCA | 902 Parks Avenue, Winona, MN 55987 | 507-454-1520

Revised March 2025