

Mounds View Wellness Committee Student Volunteer Form

Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Day Phone:	_____ Evening Phone: _____
E-mail address:	_____

Please identify your current high school: (Select one)

- Mounds View High School
- Irondale High School
- Mounds View Area Learning Center
- Oak Grove High School

Which locations are you willing to volunteer at? (Check all that apply)

- Bel Air Elementary School YMCA School-Age Care
- Island Lake Elementary School YMCA School-Age Care
- Pike Lake Education Center YMCA School-Age Care
- Pinewood Elementary School YMCA School-Age Care
- Sunnyside Elementary School YMCA School-Age Care
- Turtle Lake Elementary School YMCA School-Age Care
- Valentine Hills Elementary School YMCA School-Age Care

Please describe your availability (before school, after school & summer opportunities):

- When are you available? Include all days of the week and hours you are available.

- How many hours are you able to volunteer:

- ❖ Each week: _____
- ❖ Each month: _____

Please describe why you would like to volunteer with the YMCA:

References:

Please provide at least 2 additional adult references (teacher, coach or advisor):

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____

Student Signature

Date

By signing, you are giving permission to be contacted by a Mounds View Community Education employee who will help to coordinate a volunteer opportunity. You are hereby notified that the YMCA of St Paul may obtain a criminal background check for the purpose of evaluating you for certain volunteer positions. You also understand that submitting this application does not obligate you as a volunteer with the YMCA of St Paul.



Mounds View Wellness Committee Initiative (2008)

(Return to your teacher/advisor or Jason Hedrix in Community Education)