



Cheshire YMCA Developmental Travel Volunteer Leader Application

Name _____

Mailing Address _____

Town _____ State _____ Zip _____

Home # _____ Cell # _____

Email Address _____

Occupation _____ Employer _____ Work # _____

Which Tour are you interested in volunteering for? _____

Do you or have you ever had any children participate in a CYMCA
Developmental Travel Tour? **YES** or **NO** (if yes please list child(ren)s
name below along with tour and date)

Why do you want to be involved with this program?

What kind of youth oriented programs have you been involved in?

What specific skills do you possess what could be helpful to the program?

Please list some of the aspects of the tour that interest you the most:

Please, provide three references, only one being a family member:

Name	Relationship	Phone#

Once completed, please, return this application to the Cheshire YMCA.
32 Lake St. North Swanzey, NH 03431
(p)603-352-0447 (f)603-352-0516
info@cheshireymca.org

I (the applicant) certify that the information provided is true and accurate. I authorize the Cheshire YMCA to verify the information provided on the application and specifically waive any right to confidentiality. I understand that the CYMCA will contact relevant references and conduct a thorough background check.

Signature _____ Date _____