



## Foundation YMCA Leaders Club Application

Legal Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Number \_\_\_\_\_ Parent email \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Have you participated in Y programs? \_\_\_\_\_ Are you a current Y member? \_\_\_\_\_

Areas of interest \_\_\_\_\_

How did you hear about Leaders Club? \_\_\_\_\_

Please include a paragraph about a meaningful volunteer experience you have participated in:

Parent Signature: \_\_\_\_\_

**The Foundation YMCA Leaders Club meets monthly on Sundays at 3:30pm.**