

YMCA LEADERS CLUB APPLICATION FOR MEMBERSHIP

Name			
Cell #	Home Phone #		
Address			
City	Zip	MALE or FEMALE	
Date of Birth	School	GPA	
E-mail Address			
Parents or Guardians Name			
Parent Email Address			
Father's Work#	_Cell #		
Mother's Work#	Cell #		
Please list any YMCA experien program participation, or spor	ce you have had over the years.(T ts.)	his could include employment,	
	Qualifying Questions		
1. Why do you want to be	in Leaders Club?		

- 2. What personal qualities do you possess that would help you to be a contributing club member?
- 3. What do you feel are primary responsibilities of a leader? What are some characteristics of a leader?

4. As a teen serving in a leadership role, what obligations to the YMCA staff do you believe would be the most important?

- 5. After carefully reviewing your schedule, can you commit to 90% of Leaders Club events? (This would include Wednesday night meetings, weekend service projects and trips, etc.)
- 6. How many hours per week do you expect to devote to Leaders Club?

Please indicate with a check the activities yo	ou would be interested in volunteering in.
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Aquatics	Youth Programs	Parents Night Out
	 5	 5

Fitness	Children's Center	Special Events

References (Other than family members, you are allowed to use YMCA staff members)

1) Name: ______ Phone #: _____

Relation_____

2) Name: ______ Phone #: _____

Relation_____

Please return this application to Claire Walton by Wednesday, February 17, 2021 or bring it to a meeting. You can leave it at the front desk of the Valdosta YMCA – Attn: Claire Walton



MISSION STATEMENT:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.