



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA LEADERS CLUB APPLICATION FOR MEMBERSHIP

Name _____

Cell # _____ Home Phone # _____

Address _____

City _____ Zip _____

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 the extra-curricular activities you are currently involved in with your school or other youth group. (Include time involved weekly and also outside employment if applicable.)

Please list any YMCA experience you have had over the years. (This could include employment, program participation, or sports.)

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?

METUCHEN YMCA

65 High Street, Metuchen NJ 08840

P 732 548 2044 F 732 548 3614 www.ymcaofmewsa.org

5. After carefully reviewing your schedule, can you commit to 50% of Leaders Club events? (This would include meetings, service projects, events etc.)

6. How many hours per week do you expect to devote to Leaders Club?

Please indicate with a check the activities you would be interested in volunteering in.

Aquatics Youth Programs Events Fitness

EMERGENCY CONTACT INFORMATION

NAME OF RESPONSIBLE PERSON TO CONTACT _____

RELATIONSHIP _____

BEST PHONE NUMBER _____

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS THAT YMCA STAFF SHOULD BE MADE AWARE OF? _____

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