



# Cheshire YMCA Developmental Travel Volunteer Leader Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

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)

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Why do you want to be involved with this program?

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

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

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

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

<b>Name</b>	<b>Relationship</b>	<b>Phone#</b>

**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](mailto: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 \_\_\_\_\_**