



YMCA Alumni International Service Corps

Host YMCA Application

Date of Request: _____

Name & Address of YMCA Making Request:

Name & Title of Person making request: _____

Contact information email _____ Phone _____

Brief description of assignment to be performed by Volunteers:

Length of Service (weeks) Minimum _____ Maximum _____

Preferred beginning Date: _____

Estimated Working Hours schedule daily _____

Other considerations:

Support offered by Host YMCA (Please specify)

Housing _____ Stipend _____ Medical Care _____

Meals _____ Transportation _____ Supervision _____

Send completed application to:

Wayne Uhrig, 1427 Laurel Valley Dr., Mt. Vernon, OH 43050

wuhrig.msusports@gmail.com , call or text 740-398-2830

