

YMCA Alumni  
International Service Corps  
Volunteer Interest Form

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1. I am interested in learning more about the YMCA Alumni ISC (International Service Corps) Volunteer placement program.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

A member of our ISC Task force will call you to further explain the program and the types of placements.

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

2. YMCA Alumni Membership is required for participation. Are you currently a member of the YMCA Alumni?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If No and you want to join, click to [www.ymcaalumni.org/join](http://www.ymcaalumni.org/join). Your first year's membership is free.)

If Yes

YMCA Alumni Chapter affiliation: \_\_\_\_\_

Date of YMCA retirement: \_\_\_\_\_

Position held at YMCA at retirement: \_\_\_\_\_

Name of YMCA from which you retired: \_\_\_\_\_

Total number of years you worked at YMCAs: \_\_\_\_\_

3. Please check all areas of expertise you feel qualified to offer on a short-term basis, usually 2 weeks to 6 months:

● Management / Administration

- |  |  |
|--|--|
| <input type="radio"/> Human Resources                  | <input type="radio"/> Board / Staff Relations      |
| <input type="radio"/> Strategic Planning               | <input type="radio"/> Board Development / Training |
| <input type="radio"/> Community Assessment             | <input type="radio"/> Communications / Marketing   |
| <input type="radio"/> Membership / Program Development | <input type="radio"/> Leadership Training          |
| <input type="radio"/> Fundraising                      | <input type="radio"/> Other _____                  |

● Program

- |  |   |
|--|---|
| <input type="radio"/> Health & Wellness / Nutrition      | <input type="radio"/> Sports: indoor & outdoor / camping  |
| <input type="radio"/> Child Care / Youth / Teen Programs | <input type="radio"/> English as a Second Language        |
| <input type="radio"/> Senior Programming                 | <input type="radio"/> Arts & Humanities                   |
| <input type="radio"/> Computer skills                    | <input type="radio"/> Entrepreneurial Leadership Training |
| <input type="radio"/> Other _____                        |   |

4. Please attach a separate form for your spouse / partner if he/she will accompany you.

**Please print and mail completed form to: Wayne Uhrig, 1427 Laurel Valley Drive, Mount Vernon, Ohio 43050  
OR, please scan and email completed form to: [wuhrig.msusports@gmail.com](mailto:wuhrig.msusports@gmail.com)**

Additional questions: \_\_\_\_\_