



# WELCOME TO THE Y!

It's deeper here.®

Congratulations! You have just joined an organization that puts every asset, effort and dollar into providing programs and services to the communities we serve. Whether through preschool, before and after school enrichment, camp, health & wellness, or programming for at-risk youth, the Y provides all people the opportunity to connect with others, learn, grow and get stronger mentally, spiritually and physically. We do not do this alone. Your support, be it volunteering, donating, or advocating for the Y, is what enables us to make a difference in the lives of so many who want and need a Y experience.

**SUPPORT THE Y MISSION** The Y of Central Maryland is a charitable organization dedicated to developing the full potential of every individual through programs that build healthy spirit, mind, and body for all.

ARE YOU/YOUR FAMILY WILLING TO VOLUNTEER? \_\_\_ YES \_\_\_ NO

VOLUNTEER OPPORTUNITIES (Please check all that interest you.)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> FAMILY EVENTS                     | <input type="checkbox"/> YOUTH SPORTS                                  | <input type="checkbox"/> TEEN PROGRAMS                       | <input type="checkbox"/> SENIOR PROGRAMS                                      |
| <input type="checkbox"/> ASSIST THE Y AT A COMMUNITY EVENT | <input type="checkbox"/> INVITE THE Y TO MY PLACE OF BUSINESS TO SPEAK | <input type="checkbox"/> HOST A FUNDRAISING EVENT AT MY HOME | <input type="checkbox"/> LEND MY EXPERTISE ON A Y COMMITTEE (expertise) _____ |

OTHER WAYS I WOULD LIKE TO VOLUNTEER \_\_\_\_\_

## PRIMARY MEMBER INFORMATION

NAME (TITLE - Mr., Ms., Mrs.)	FIRST	MIDDLE	LAST	SUFFIX (Sr., Jr., II, III)
HOME STREET ADDRESS / PO BOX	APT. #	CITY	STATE	ZIP
(INCLUDE AREA CODES) HOME PHONE ( )	WORK PHONE ( )	CELL PHONE ( )		
PREFERRED EMAIL ADDRESS	DATE OF BIRTH (MONTH/DAY/YEAR)	GENDER ___ MALE ___ FEMALE		
RACE (CHECK ONE) OPTIONAL ___ AFRICAN AMER. ___ ASIAN ___ CAUCASIAN ___ HISPANIC / LATINO ___ NATIVE AMER. OTHER _____				
EMPLOYER NAME	YOUR POSITION			
EMPLOYER STREET ADDRESS / PO BOX	CITY	STATE	ZIP	

## SPOUSE INFORMATION

NAME (TITLE - Mr., Ms., Mrs.)	FIRST	MIDDLE	LAST	SUFFIX (Sr., Jr., II, III)
(INCLUDE AREA CODES) WORK PHONE ( )	CELL PHONE ( )	DATE OF BIRTH (MONTH/DAY/YEAR)		
PREFERRED EMAIL ADDRESS	GENDER ___ MALE ___ FEMALE			
RACE (CHECK ONE) OPTIONAL ___ AFRICAN AMER. ___ ASIAN ___ CAUCASIAN ___ HISPANIC / LATINO ___ NATIVE AMER. OTHER _____				
EMPLOYER NAME	YOUR POSITION			
EMPLOYER STREET ADDRESS / PO BOX	CITY	STATE	ZIP	

THE Y GIVES BACK WHAT YOU GIVE TO THE Y.

