



## My YMCA Questionnaire

*Answering these questions will help us ensure you get the most out of your Y experience.*

**I heard about the YMCA through:** (Circle all that apply)

- |  |                  |                     |
|--|------------------|---------------------|
| Direct Mail/Flyer  | Magazine         | Place of Employment |
| Email  | Medical Referral | Radio               |
| Facebook   | Member           | School Flyer        |
| Former Member  | Newspaper        | Television          |
| Friend/Family  | Online           | YMCA                |
| Local Event  | Outdoor Sign     |                     |
| Referred by a current YMCA member (Name if applicable) _____ |                  | Other _____         |
- 

**My main areas of interests are:** (Circle all that apply)

- |                           |                       |                    |
|---------------------------|-----------------------|--------------------|
| Aerobics - Group Exercise | Fundraising           | Sports             |
| Aquatics                  | Parent/Child Programs | Strength Training  |
| Board Member              | Pickleball            | Summer Camp        |
| Child Care                | Racquetball           | Teen Activities    |
| Coaching                  | Senior Programs       | Volunteerism       |
| Family Recreation         | Social Activities     | Youth Swim Lessons |
| Foreverwell               | Spinning              |                    |
| Other _____               |                       |                    |

Interested in volunteering? Areas of interest \_\_\_\_\_

**My wellness goals are:** (Circle all that apply)

- |                             |                           |                               |
|-----------------------------|---------------------------|-------------------------------|
| Socialization/ Meet Friends | Cardiovascular Fitness    | Improve Balance & Flexibility |
| Stress Management           | Improve Physical Strength | Weight Management             |
| Self-Improvement            | Improve Mental Health     | Peer Support                  |
| Other _____                 |                           |                               |

**Please complete and return the orientation request sheet found in your new member packet for direction on how to correctly use the equipment or to speak with a personal trainer about your fitness goals.**

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

