

# Boys & Girls Clubs Volunteer Application

Please print or Type

Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did you learn about our volunteer opportunities? \_\_\_\_\_

Are you seeking to volunteer in order to satisfy court-ordered community service? \_\_\_\_\_

## SKILLS AND EXPERIENCES

What is your educational background? \_\_\_\_\_

What sorts of hobbies, interests and activities do you enjoy? \_\_\_\_\_  
\_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you have any past or present volunteer experience? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

What type(s) of transportation do you use? \_\_\_\_\_

## INTEREST INVENTORY

This section will help you determine what volunteer activities you might like to participate in. Please check the area(s) that interest you. Check as many or as few as you like!

I would enjoy:

\_\_\_ Tutoring - Which subjects? \_\_\_\_\_

\_\_\_ Sports Coach/Assistant - Which sport(s)? \_\_\_\_\_

\_\_\_ Music Leader/Assistant - Which types? \_\_\_\_\_

\_\_\_ Arts and Crafts Activity Assistant/Instructor

\_\_\_ Listening to a Child Read

\_\_\_ Assisting with Fundraising

\_\_\_ Acting as a Mentor for Teens

\_\_\_ Assisting with Office and Clerical Work

\_\_\_ Activities not Listed Above that I Am Interested in: \_\_\_\_\_

\_\_\_ Helping a Child Use a Computer

\_\_\_ Playing Board Games

\_\_\_ Leading a Recreational Activity

\_\_\_ Leading a Discussion Group

\_\_\_ Chaperoning a Field Trip

## Preferences In Volunteering

Members of the Boys & Girls Clubs are ages 6 to 18. Which age groups would you most enjoy working with?

Check as many as you like!

- |                                             |                                             |                                             |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 6 to 8 Year Olds   | <input type="checkbox"/> 9 to 10 Year Olds  | <input type="checkbox"/> 12 to 12 Year Olds |
| <input type="checkbox"/> 13 to 15 Year Olds | <input type="checkbox"/> 16 to 17 Year Olds | <input type="checkbox"/> Does not Matter    |

Is there a particular type of volunteer work in which you are interested?

Check all that apply to you.

- |                                                                 |                                                                               |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Working One-on-One with a Single Child | <input type="checkbox"/> Working Directly with a Staff Member as an Assistant |
| <input type="checkbox"/> Helping Around the Office in General   | <input type="checkbox"/> Working on Group Projects                            |
| <input type="checkbox"/> Administrative Duties                  | <input type="checkbox"/> Facilitating Trainings or Workshops with Children    |
| <input type="checkbox"/> A Variety of Duties                    |                                                                               |
| <input type="checkbox"/> No Preference                          |                                                                               |

### Availability

This section will help determine the best days and times for your volunteer activity. Please mark all the days and times you will be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Available							

### Commitment

What kind of a time commitment are you willing to make?

- |                                             |                                              |                                                |
|---------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> One Time           | <input type="checkbox"/> 6 Months - 9 Months | <input type="checkbox"/> 3 months - 6 Months   |
| <input type="checkbox"/> 6 Weeks - 3 Months | <input type="checkbox"/> 9 Months - 1 Year   | <input type="checkbox"/> Other Time Commitment |

Are there any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? \_\_\_\_\_

## References

Current Employer: \_\_\_\_\_

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

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

Would you like us to notify your employer of your volunteer service?  Yes  No

Please list the names and phone numbers of two people who know you well and can attest to your character, skill and dependability. (Please do not list relatives.)

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

### ADDITIONAL INFORMATION

Please circle the applicable response.

- |                                                                                                                                                                                         |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Do you currently use illegal drugs?                                                                                                                                                     | Yes | No |
| Have you ever been convicted of a criminal offense?                                                                                                                                     | Yes | No |
| Have you ever been convicted of child abuse or neglect or is there a pending criminal charge against you for child abuse or neglect?                                                    | Yes | No |
| Has your driver's license been suspended or revoked?                                                                                                                                    | Yes | No |
| Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? | Yes | No |

*(Please use a separate sheet of paper to explain any "yes" responses.)*

## Understanding and Authorization

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers and references listed above to give you any and all information concerning my education, employment, and fitness to work with children and young people. I further agree to release and hold harmless the Boys & Girls Clubs institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Boys & Girls Clubs

-----office use only-----

Personal References Checked - No. 1: \_\_\_\_\_ No. 2: \_\_\_\_\_

Police Record Check Sent to LGSC: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Volunteer Accepted/Denied - Notified: \_\_\_\_\_

Orientation Scheduled - Date/Time: \_\_\_\_\_

Placement Beginning Date: \_\_\_\_\_

Position: \_\_\_\_\_ Staff Member Contact: \_\_\_\_\_

Schedule: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_