

Date Received:	
Application Type:	
(For office use only)	

Volunteer Application

Name Other Names Given Organization/Company Name Organization/Company Contact Home Address City Secondary Address City Phone (home) (co	County	State	Apt. # ZIP Apt.#
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Organization/Company Name Organization/Company Contact Home Address City Secondary Address City	County	State	Apt. # ZIP Apt.#
City City City City	County	State	Apt. # ZIP Apt.#
City City City City	County	State	Apt. # ZIP Apt.#
Secondary Address City	County	State	ZIP
City	County		
City	County		
Phone (home) (co	ell)		ZIP
		(work)	
Email		I prefer to be contact	ed via 🗆 Phone 🗖 Email
Occupation		Employer	
School (if student)			
Preferred Location or Club (we will make every			
600 S. Shamrock Avenue 210	N. Mayflower	ntary School	nter (Mary Wilcox Center) Olive Ave.
What days and times you are available to volunt	teer?:		
Monday Tuesday	Wednesday _	Thursday	Friday
Interests and Special Skills (check all that apply): Education	: f-Esteem Culture ing, etc.)	☐ Sports ☐ Leadership Development	
Are you Bilingual? Yes No Language(s) _			
Are you CPR/First Aid certified? Yes No			
How did you learn about Boys & Girls Clubs of th	ne Egothille?		

	experience, including organization, volunto		
Please list any community a	ffiliations/ activities:		
Na	y contact:		
riease provide an emergenc			
ist any physical limitations t	Relationship	en volunteering/ are you under any co	
Nameist any physical limitations treatment that may limit you	hat would need to be accommodated who	en volunteering/ are you under any co	
NameList any physical limitations to treatment that may limit you please provide information of	hat would need to be accommodated who Ir ability to preform certain types of work:	en volunteering/ are you under any co	ourse o
Nameist any physical limitations to reatment that may limit you lease provide information of lependability:	hat would need to be accommodated whom ability to preform certain types of work? In a bility to preform certain types of work?	en volunteering/ are you under any co	ourse o
list any physical limitations to reatment that may limit you lease provide information of lependability:	hat would need to be accommodated who ir ability to preform certain types of work? In 3 individuals whom you know well that Relationship	can attest to your character , skills, &	ourse o
Name List any physical limitations to reatment that may limit you lease provide information of lependability: Name	hat would need to be accommodated whom a sindividuals whom you know well that Relationship Relationship	can attest to your character , skills, &	ourse o
Name List any physical limitations to creatment that may limit you elease provide information of lependability: Name Name	hat would need to be accommodated who ir ability to preform certain types of work? In 3 individuals whom you know well that Relationship	can attest to your character , skills, & Phone Phone Phone Phone	ourse c
Name List any physical limitations to treatment that may limit you be seen convicted on victions)? Name Have you ever been convicted on victions)? Yes No	hat would need to be accommodated whom a sindividuals whom you know well that Relationship Relationship Relationship Relationship	can attest to your character , skills, & Phone Phone Phone Olation (include misdemeanor and/o	r felon
List any physical limitations to treatment that may limit you be provided information of the pendability: Name	hat would need to be accommodated whom a bility to preform certain types of work? In 3 individuals whom you know well that Relationship Relationship Relationship d of any crime other than a minor traffic v	can attest to your character , skills, & Phone Phone Phone Olation (include misdemeanor and/o	r felon



Volunteer Application

Boys & Girls Clubs of the Foo this Application. The informa least ten business days to prod	tion requested below must be complet	heck for its volunteers, as authorized below in te to determine eligibility and may require at				
Name						
Other Names Given						
Date of Birth	SS#					
background, references, past everifying or disputing the accur direct any consumer reporting one or more consumer reports authorize all persons, entities, consumer reporting agency or claims and liability that may ari and warrant that I have never be neglect, child pornography, chill by a court to receive psychiatric in connection with BGCF youth with BGCF youth members outs	mployment, education, criminal history a acy of information I have provided to BG agency or other entity designated by BG or investigative consumer reports about and governmental agencies from whom other entity designated by it to respond to see in my favor as a result of such disclosic been convicted of or charged with any fee did abduction, kidnapping, rape or any other cor psychological treatment in connection members (such as purchasing alcohol or side of BGCF activities.	me to conduct one or more investigations of my and financial status, as well as other information GCF in connection with this Application, and also GCF to prepare and disclose to BGCF at any time to me containing information about such matters in information about me is sought by BGCF or the to such inquiries about me in full, and I waive all ures of information. I hereby confirm, representations of information. I hereby confirm, representations of information and the sexual offense, nor have I ever been ordered on therewith. I will not engage in illegal activities or tobacco products for any of them) or socialized				
application process, BGCF's pobligations or rights relating to can be terminated, with or wi	olicies and procedures, or my future participation in any volunteer activities	erein. I understand and agree that none of the e participation in BGCF activities creates any and that any participation in any such activities notice, at any time, at the option of BGCF. If procedures applicable to BGCF volunteers.				
ignature of Applicant		Date				

Please allow a minimum of ten business days for processing and notification. Thank you for applying.