

VOLUNTEER APPLICATION



BOYS & GIRLS CLUB OF LA PLATA COUNTY

Last Name _____
Assigned Position _____

First Name _____

Date _____

Fingerprints: On File Not Needed Under 18

<p style="text-align: center;">For Club Use Only</p> <p>Interview by: _____ Date: ___/___/___</p> <p>Supervisor: _____ Date: ___/___/___</p> <p>Orientation Done by: _____ Date: ___/___/___</p>	<p style="text-align: center;">Reference Checks For Club Use</p> <p>Reference 1 Ck. <input type="checkbox"/> By _____</p> <p>Reference 2 Ck. <input type="checkbox"/> By _____</p>
<p style="text-align: center;">Proposed</p> <p>Starting Date: _____ Weekly Commitment of Time: _____</p> <p>___/___/___ From _____ To _____</p>	<p style="text-align: center;">For Admin</p> <p>Date Approved ___/___/___</p> <p>Date Denied ___/___/___</p> <p>Club Notified via _____ on ___/___/___</p>

Actual Start Date _____

Education (highest level completed): _____

If you are currently a student, what school do you attend? _____

Do you have your own transportation? _____

Have you worked or volunteered here before? No Yes, when? _____

How were you referred to the Boys & Girls Club? _____

Why do you want to do volunteer work at this nonprofit? _____

Have you done work at another nonprofit? If so, where and what? _____

**Check those areas for assignment where you have experience or interest.
USE "S" FOR SKILL AND "I" FOR INTEREST**

Fundraising or Administration:

- | | | |
|---|---|---|
| <input type="checkbox"/> Concession Sales | <input type="checkbox"/> Special Events | <input type="checkbox"/> Answering Phones |
| <input type="checkbox"/> Campaign For Kids | <input type="checkbox"/> Planned Giving | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Filing | <input type="checkbox"/> Computer Programming |
| <input type="checkbox"/> Graphic Art | <input type="checkbox"/> Mailings | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Phone Calling | |
| <input type="checkbox"/> Data Input | <input type="checkbox"/> Typing | |

Professional or Program:

- | | | |
|--|---|--|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Teen Programming | <input type="checkbox"/> Prevention Programs |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Coaching Sports | <input type="checkbox"/> Sports Programs | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Games room Activities | <input type="checkbox"/> Learning Center | <input type="checkbox"/> Leadership Training |
| <input type="checkbox"/> Other _____ | | |

Maintenance:

- Carpentry Electrical Painting
- Lawn Maintenance Heat & Air Maintenance Other _____

List any additional achievements, abilities or activities that you consider relevant to your request to volunteer here such as computer language or software programs, foreign language (proficiency in speaking and/or writing), etc.

What type of work would you like to do here?

AVAILABILITY

Check the days you are available and note the best times for you:

BEST TIMES:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday (if open) _____
- Sunday (if open) _____

Check the months and dates of the month you are available:

- January ___ to ___ February ___ to ___ March ___ to ___ April ___ to ___
- May ___ to ___ June ___ to ___ July ___ to ___ August ___ to ___
- September ___ to ___ October ___ to ___ November ___ to ___ December ___ to ___

REFERENCES:

Please list the names and telephone numbers of Two personal, work, or school references who are not related to you.

Name: _____ Telephone: (_____) _____

Name: _____ Telephone: (_____) _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application will be grounds for rejection of this application or for immediate dismissal, regardless of the time elapsed before discovery.

_____ In order to safeguard the well being of the youth served by our organization, I authorize the Boys & Girls Club of La Plata County to verify all information provided by me on this application. I hereby authorize any reference listed on this application and/or any educational entity or person on this application to disclose to the organization any and all letters, reports and other information related to my work or educational record, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers, all educational entities listed on this application and all other persons or organizations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that it is a requirement of the organization that all volunteers who work with or have contact with children to undergo a background check and/or fingerprinting. In addition, I agree to pay for the cost of my background and/or fingerprint check.

Signature of Applicant

Date

Social Security #

Volunteers will NOT begin working until application, background check and/or fingerprints have been processed and cleared.