



**BOYS & GIRLS CLUB
OF WASHINGTON COUNTY**

VOLUNTEER APPLICATION

Date: _____

I am volunteering as (check one below):

- An individual
- A member of an organization/company

YOUR BIRTH NAME: _____

YOUR HOME ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

I PREFER TO BE CONTACTED VIA: _____ PHONE _____ EMAIL _____ TEXT

EMPLOYER: _____ JOB TITLE: _____

(IF STUDENT) NAME OF HIGH SCHOOL OR COLLEGE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE: _____

HOW DID YOU LEARN ABOUT BGCWC? _____

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE: _____

Gender: _____ Race: _____

(For demographic tracking purposes only: BGCWC does not discriminate on the basis of sex, race, color, religion, citizenship, age, disability or national origin)

* Boys & Girls Club of Washington County (BGCWC) requires a background check for its volunteers, as authorized below in this Application. The information requested below must be complete to determine eligibility and may require at least five business days to process.

Date of Birth: _____ SS# _____

Drivers License Number: _____ State Issued: _____

Interests and Special Skills (check all that apply)

<input type="checkbox"/> Education	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Health & Self-Esteem	<input type="checkbox"/> Club Facility Maintenance
<input type="checkbox"/> Sports	<input type="checkbox"/> Special Skills (web design, photography, etc.)
<input type="checkbox"/> Art & Culture	<input type="checkbox"/> Other _____

I hereby authorize The Boys & Girls Club of Washington County ("BGCWC") at any time to conduct one or more investigations of my background, references, past employment, education, criminal history and financial status, as well as other information verifying or disputing the accuracy of information I have provided to BGCWC in connection with this Application, and also direct any consumer reporting agency or other entity designated by BGCWC to prepare and disclose about such matters. I authorize all persons, entities, and governmental agencies from whom information about me is sought by BGCWC or the consumer reporting agency or other entity designated by it to respond to such inquiries about me in full, and I waive all claims and liability that may arise in my favor as a result of such disclosures of information. I hereby confirm, represent and warrant that I have never been convicted of or charged with any felony offense or any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any other sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I will not engage in illegal activities in connection with BGCWC youth members (such as purchasing alcohol or tobacco products for any of them) or socialize with BGCWC youth members outside of BGCWC activities.

By signing this application, I verify the accuracy of the information herein. I understand and agree that none of the application process, BGCWC's policies and procedures, or my future participation in BGCWC activities creates any obligations or rights relating to participation in any volunteer activities and that any participation in any such activities can be terminated, with or without cause and with or without prior notice, at any time, at the option of BGCWC. If accepted as a volunteer for BGCWC, I agree to abide by all policies and procedures applicable to BGCWC volunteers.

Signature of Applicant: _____ Date: _____

If applicant is under the age of 18:

I represent and warrant that I am the parent or guardian of the above minor and have full legal authority to execute the Application, and I hereby agree that the above minor and I will be bound by all of the terms of this Application.

Signature of Parent or Guardian: _____

Date: _____