

Boys & Girls Clubs of Carroll County Volunteer Application

Name: _____

Address: _____

City: _____ State & Zip: _____

Best Contact phone#: _____ E-mail Address: _____

Occupation: _____ Work Phone: _____

Driver's License #: _____

Do you have any past or present volunteer experience? Yes/No

If yes, please describe:

Have you ever worked for a Boys & Girls Club before? Yes/No

If yes, at what location did you work/volunteer? _____

Do you have any experience working with youths? Yes/No

If yes, please describe:

Will your volunteer time fulfill school, community service or court ordered required time? Yes/No

If yes, please describe:

Please indicate the times you are available in the spaces below. Most program activities occur Monday through Friday 2:30pm-6pm. Most special events and fundraisers are held Saturday or Sunday.

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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Boys & Girls Club of Westminster Volunteer Application Skills & Interests

(X) HAVE INTEREST (XX) HAVE EXPERIENCE (XXX) HAVE TEACHING SKILL

Arts (painting, sewing, music, theatre, etc.) –

Health/Phys Ed –

Academic -

Media/Technology –

STEM –

General/Special skills and or talents –

Office Skills –

Other –

Personal Information and References

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

Current Employer:

Co. Name: _____

Address: _____

Phone: _____

Contact: _____

Personal References:

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)

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Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Additional Information:

Please circle the best answer for each. If necessary, use a separate sheet of paper to explain any "yes" responses.

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 ever 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 minors? Yes No
How long have you lived in this state? _____
What state did you live in previously? _____

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 on this application. I authorize educational institutions, employers and references listed 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 Club of Westminster, 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 _____

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Please return to: Boys & Girls Clubs of Carroll County

_____ For Office Use Only _____

Personal References Checked: #1 #2 _____

Police Record Check Sent: _____
Confirmed _____

Volunteer Accepted/Denied: Notified _____

Orientation Date/Time: _____

Placement Beginning Date: _____

Volunteer Position: _____

Staff Member Contact: _____

Schedule: _____

Notes:

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize Boys & Girls Clubs of Carroll County or other authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services note below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Signature: _____

Please Provide Minimum 7 Years of Residential History Below

(Please Print Clearly)

Name (First, Middle, Last): _____

Date of Birth: _____ Social Security # _____

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Alias: _____

Current Address: _____

County: _____ Dates/From: _____ To: _____

Previous Address: _____

County: _____ Dates/From: _____ To: _____

Previous Address: _____

County: _____ Dates/From: _____ To: _____