

Volunteer Application

Please Print Last Name First Name Middle Name Address City County State Zip Cell Phone Home Phone Email Proof of Identification (Driver's License, Social Security Card and Date of Birth for Background Check): Social Security Number: Drivers License: Date of Birth: Occupation: _____ Employer Name: _____ Employer Address: Employer Contact: Phone: Where did you learn about our volunteer opportunities? How long have you lived in Hutchinson? **Emergency Contact** In the event of an emergency, contact the following person: Name: Relationship: Phone: References List two people who know you well and can attest to your character, skill and dependability. (Do not list family): Name Address

City _____

State

Zip ____

Name				Phone						
Address City										
Interest Inven										
areas that intered Tute Spo Mus Arts Ass Acti Lea Cha Hel	est you. oring – which subjects coach/assistant –	which swhich sistant/id clericatens ctivity	sports? types? nstructor w al work	hich types'	?	ht like to participate				
with? Check all □ 6–8-yea	that apply.		-			groups would you mo 11-12-year-olds Does not matter	ost enjoy working			
□ Work d □ Work o □ Work ir	ne on one with a single frectly with a staff man group projects adependently with group general administrates	nember a	as an assista Cchildren	ınt						
Availability										
I can volunteer Monday	on the following da Tuesday		e following dnesday	times: Thurse	day	Friday				
What date will	you be able to begin	volunte	eering?				'			
Commitment										
☐ One tim ☐ 6 weeks ☐ 3 month ☐ 6 month ☐ 9 month	s - 3 months as $- 6$ months as $- 9$ months	you abl	e to make?							

Additional Information: Please check 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 charge against you for child abuse or neglect.	ı		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 you're being entrusted with the supervision, guidance and care of young people?	th		Yes		No								
If you responded "yes" to any of the above, please provide a brief explanation below:													
Understanding and Authorization													
Understanding and Authorization													
I certify that all the answers on this publication and any attachments are true to the best of my knowledge. I also certify that I have not withheld any pertinent information.													
I understand that the information that I have provided may be verified, and I give permission to Boys & Girls Clubs to make inquiries, which include a criminal background check, concerning my suitability to act as a Boys & Girls Club volunteer. I specifically authorize the Boys & Girls Club to investigate all statements in this application. I authorize educational institutions, employers, and references listed above to the give the Boys & Girls Club any and all information concerning my education, employment and fitness to work with youth. I further agree to release and hold harmless the Boys & Girls Club from all liability and any damage that may result from furnishing this information.													
I acknowledge that the Boys & Girls Club does not provide workers compensation for volunteers who are on the premises of the Club or working as a volunteer in any capacity for the Boys & Girls Clubs.													
I grant the Boys & Girls Club to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of the Boys & Girls Club.													
I affirm that I have read the above.													
Volunteer Signature		Date											
Parent Signature (if Volunteer is under 18)													
For office use only:													
	Reference # 1		Refer	ence	# 2								
Criminal Background Check Confirmed	Yes			No									
Interview Date	_												
Interview Date Volunteer Accepted/Denied	_ Date Notified												
Orientation Date Scheduled	_												
Start Date	_		,										
Position Stail member contact													
Schedule													