BOYS & GIRLS CLUBS
OF GREATER
NORTHWEST INDIANA

Volunteer Application
3691 Willowcreek Road • Suite 200
Portage, IN 46368
219.764.CLUB • bgcgreaternwi.org

Last Name	First Name	Middle Name	Date

Street Address	Primary Phone
City State Zip	Alternative Phone
Email Address	Are you 18 years of age or older? ☐ Yes ☐ No
Emergency Contact Name	Emergency Contact Phone
Employer Name	Employer Phone

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, when and which location?

Have you ever volunteered with us before? ☐ Yes ☐ No
If yes, when, which Club and what did you do?

What type of volunteering opportunities are you interested in? Check all that apply.

☐ General Club ☐ Coach ☐ Guest Speaker ☐ Administration
☐ Tutor (complete below) ☐ Special Program ☐ Other:

At which Club would you like to volunteer? _____

TUTOR VOLUNTEERS

Subject areas VERY comfortable teaching: _____

Ages/Grades you prefer to teach: _____ Previous experience tutoring/teaching? ☐ Yes ☐ No

If YES, please summarize your experience: _____

Additional information we may need to know: _____

References
(Complete information for at least three (3) references; preferably current/former professional (employee/teacher) reference)

Name	Relationship	Email	Phone Number

Have you ever been convicted of a felony that has not been expunged by a court? ☐ Yes ☐ No
(A conviction will not necessarily disqualify you from volunteering. Rather, such factors as age, date of conviction, seriousness, and nature of the crime will be considered.)

If yes, please explain: _____

I certify that all information in this application is true and complete. I authorize confirmation of all information in this application. I hereby relinquish my rights and release you from liability by reason thereof, for the purpose of conducting a background investigation regarding criminal history.

☐ *Checking this box indicates you agree that your typed name in the signature field constitutes a legal signature.*

Applicant Signature _____ Date _____

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Internal Use Only

Requestor: _____

Background Check
Authorization and Liability Release

I hereby authorize Boys & Girls Clubs of Greater Northwest Indiana to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications for employment and/or volunteering. If hired as an employee and/or a volunteer by Boys & Girls Clubs of Greater Northwest Indiana, I also understand Boys & Girls Clubs of Greater Northwest Indiana may check all of the above entities on a yearly/quarterly basis or during the process of determining a promotion using this authorization form.

I release Boys & Girls Clubs of Greater Northwest Indiana and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment and/or volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or if I volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

Last Name	First Name	Middle Name
Maiden or Alias Name: Last Name	First Name	Middle Name
Address		City, State, Zip
Social Security Number	Phone (Include Area Code)	Date of Birth (MM/DD/YYYY)
Email Address		

**Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.*

I have read this Authorization and Liability Release and understand and agree with each of its terms.

☐ Checking this box indicates you agree that your typed name in the signature field constitutes a legal signature.

Applicant Signature	Date

If applicant is under 18 years of age, a parent/guardian signature is also required.

☐ Checking this box indicates you agree that your typed name in the signature field constitutes a legal signature.

Parent/Guardian Signature	Relationship to Minor	Date

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Confidentiality Statement

I shall respect the privacy concerns of the people we serve and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

1. As mandated by law.
2. To prevent a clear and immediate danger to a person or persons.
3. Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

☐ *Checking this box indicates you agree that your typed name in the Signature field constitutes a legal signature.*

Applicant Signature _____ Date _____

Waiver & Release of Liability

☐ (Initial) I hereby release BGCGNWI, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the Clubs. I am assuming the risk for any mental or physical harm I might incur.

☐ (Initial) I understand that it is my desire to further the work of the Clubs by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan, I acknowledge that I am not acting as an employee of BGCGNWI. I also acknowledge that I would not be covered under BGCGNWI Worker Compensation Plan.

☐ (Initial) I agree that all personal possessions/property kept in the BGCGNWI buildings, on BGCGNWI property, and on any property used by BGCGNWI are my own responsibility. BGCGNWI will not be held liable for any damage, loss or theft.

☐ (Initial) I understand that BGCGNWI provides charitable services to the public and does not pre-screen members.

☐ *Checking this box indicates you agree that your typed name in the Signature field constitutes a legal signature.*

Applicant Signature _____ Date _____

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Code of Ethics

By signing a copy of this code of ethics, I as a volunteer at this organization affirm that:

- I will not discriminate against or refuse professional services to anyone on the basis of race, color, age, sex religion, or nationality.
- I will not use my professional relationship to further my own interests.
- I will demonstrate a genuine in all persons served, and do hereby dedicate myself to their best interests and helping them help themselves.
- I will respect the privacy of persons served and hold in confidence all information obtained in the course of professional service.
- I will maintain confidentiality when storing or disposing of client records.
- I will maintain a professional attitude, which upholds confidentiality toward individuals served, colleagues, applications, and the organization.
- I, upon termination, will maintain client and co-worker confidentiality, and I will hold as confidential any information I obtained concerning the organization.
- I will respect the rights and views of my colleagues and treat them with fairness, courtesy and good faith.
- I will not exploit the trust of the public or my co-workers. I will make every effort to avoid relationships that could impair my professional judgment.
- I will not engage in or condone any form of harassment or illegal discrimination.
- I will not permit fellow staff members to present themselves as competent or perform services beyond their training and/or level of experience.
- I will respect the confidences of my co-workers.
- When I replace a colleague or am replaced, I will act with consideration for the interest, character and reputation of the other professional.
- I will extent respect and cooperation to colleagues of all professions.
- If i know that a colleague has violated ethical standards, I will bring this to my colleague's attention. If this fails, I will report the activity to a supervisor.
- I will accurately represent my education, training, experience and competencies as they relate to my profession.
- I will correct, when possible, misleading or inaccurate information and representation made by others concerning my qualifications or services.
- I will abide my organization policies related to public statements.
- I have total commitment to provide the highest quality of service to those who seek my professional assistance.
- I will continually assess my personal strengths, limitations, biases and effectiveness.
- I will strive to become and remain proficient in professional practice and the performance of professional functions.
- I will act in accordance with standards of professional integrity.
- I will not advise on problems outside the bounds of my competence.
- I will seek assistance for any problem that impairs my performance.
- I understand that violation of this code may be grounds for dismissal.

☐ *Checking this box indicates you agree that your typed name in the Signature field constitutes a legal signature.*

Applicant Signature _____ Date _____