

Last Name _____
Assigned Position _____

First Name _____

Date _____

VOLUNTEER APPLICATION



**BOYS & GIRLS CLUB
OF SOUTH PARK**

For Admin Use Only

<u>Application</u> Received by: _____ Date: _____	<u>Interview</u> Conducted by: _____ Date: _____
<u>Reference Checks</u> Completed by: _____ Date: _____	<u>Background Check</u> Completed by: _____ Date: _____
<u>Orientation</u> Completed by: _____ Date: _____ Receipt of Volunteer Handbook Date: _____	<u>Approval</u> Approved by: _____
<u>Schedule:</u>	

**BOYS & GIRLS CLUB OF SOUTH PARK
360 9TH Street, Fairplay, CO 80440**

**VOLUNTEER
APPLICATION**

PLEASE PRINT

Date: ____ / ____ / ____

PERSONAL:

Male **Female**

Name: _____
 Last **First** **Middle**

Colorado Address: _____
 Street **City** **State** **Zip Code**

Other Address: _____
(if applicable) **Street** **City** **State** **Zip Code**

Home Telephone: (____) _____ **Other telephone:** (____) _____

Employer: _____ **Other names you have used:** _____

Spouse's name: _____ **Your Date of Birth:** ____ / ____ / ____

Emergency Contact: _____ **Contact's telephone:** (____) _____

Please check the box that best describes your ethnicity (optional):

African American **Asian** **Caucasian** **Hispanic**
 Native American **Other (please describe)** _____

Referral Source (please check one):

Self Referral **Court Referral/Community Service**
 Company Referral/Community Service **School Referral/Community Service**

GENERAL INFORMATION:

If selected to volunteer, can you certify that you are not awaiting trial on nor have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in this state or similar offenses in another state or jurisdiction?

- | | |
|--|--|
| a. Sexual abuse of a minor. | q. Sexual abuse of a vulnerable adult. |
| b. Incest. | r. Sexual exploitation of a vulnerable adult. |
| c. First or second degree murder. | s. Exploitation of minors involving drug offenses. |
| d. Kidnapping. | t. Felony offenses contributing to the delinquency of a minor. |
| e. Arson. | u. Child prostitution. |
| f. Sexual Assault. | v. Abuse of a vulnerable adult. |
| g. Sexual exploitation of a minor. | w. Molestation of a vulnerable adult. |
| h. Commercial sexual exploitation of a minor. | x. Taking a child for the purpose of prostitution. |
| i. Manslaughter. | y. A dangerous crime against children,
resulting in a serious injury or committed by the use of
a deadly weapon or dangerous instrument. Includes
crimes listed herein involving a minor. |
| j. Burglary aggravated assault committed against a minor | |
| k. Robbery. | |
| l. Child Abuse. | |
| m. Sexual conduct with a minor. | |
| n. Molestation of a child. | z. Felony offences involving distribution of marijuana or
dangerous or narcotic drugs. |
| o. Aggravated Assault. | |
| p. Commercial sexual exploitation of a vulnerable adult. | |

Yes, I can certify **No, I cannot certify**

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 South Park 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 has been processed and cleared.