



Boys and Girls Club of the Leech Lake Area
www.bgcleechlake.com
208 Central Avenue, P.O. Box 817
Cass Lake, MN 56633
(218) 335-4058

Name: _____ **Date:** __/__/__ **Phone:** _____
Full Home

Address: _____ **City:** _____ **Phone:** _____
Mobile

Zip Code: _____ **Date of Birth:** __/__/__ **Email Contact:** _____
Month/Day

Emergency Contact: _____
Name Relationship Phone Number

Reason for Volunteering (i.e. Personal, Academic Credit, Court Ordered Community Service etc...):

How Did You Hear About This Volunteer Opportunity: _____

Which Age Group Would You Most Enjoy Working With? 6-8 9-11 12-14 15-18 Unknown

What Areas Would you Prefer to Assist or Lead?

Education/Mentoring Reading Arts and Crafts Culture Sports

Game Room Snack Preparation Music Technology/Computer

Leadership Office Work Other: _____

Availability

Length of Foreseeable Involvement (Seasonal, One Year, etc...): _____

Hours (Generally) Available: (Note: Club hours vary between locations, with some Saturday programming.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Previous Volunteer Experience: _____
Position/Length of Involvement

Prior/Current Occupation(s): _____
Position/Length of Involvement

Special Skills:

Certifications (CPR, Lifeguard certified, etc...): _____

References (non-family):

Name: _____ Name: _____

Relationship/Position: _____ Relationship/Position: _____

Contact: _____ Contact: _____

By signing this form I acknowledge that all information provided is correct and up to date. I realize the above references may be contacted by the Boys and Girls Club of the Leech Lake Area for character reference, and any information obtained may be considered in volunteer placement. I am aware that for the safety of Club members, I must consent to a background check and fill out the attached form. I hereby release any of the above references or institutions, including the Boys and Girls Club of Leech Lake Area, from any liability arising from the giving or receiving of information pertinent to my ability to interact with children.

Applicant Signature

____/____/____
Date

Please sign and return this and the attached consent to background check form and return to your local club location or BGCLLA headquarters at:

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