

This Section For Office Use Only:

Interview: _____ By: _____ Refer chk: _____ By: _____ Bkgrd chk: _____ By: _____

Approved: ☐ Yes ☐ No* By: _____ *This applicant has **not** been approved to do volunteer work at the BGCWC due to:

Orientation: _____ By: _____ Start Date: _____ Unit: _____ Program Area: _____

I.D. Badge completed: _____ By: _____ Authorized to drive by: _____ Copy of D.L. on file: _____ By: _____

☐ Bonner ☐ I.U. East ☐ Ivy Tech ☐ Coach ☐ Kitchen ☐ Other _____



BOYS & GIRLS CLUBS
OF WAYNE COUNTY



VOLUNTEER APPLICATION

Thank you for your desire to volunteer at the Boys and Girls Clubs of Wayne County. Help us make our potential relationship the most productive for you, our organization, and the youth we serve by completing the following application. The Boys & Girls Clubs of Wayne County does not discriminate against any individual with regard to race, color, religion, sex, age, national origin, disability, marital status, veteran status, or other protected status.

Name: _____ SS #: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____ Work Phone: _____

Age (check one): ☐ Over 21 ☐ 18-20 ☐ Under 18

How did you become aware of the Boys & Girls Clubs of Wayne County? _____

Why are you interested in volunteering at the Boys & Girls Clubs of Wayne County?

Are you interested in any particular Unit, program area, or age group? _____

What special interests, skills, or talents do you have to contribute to the Club? _____

What days and times are you available to volunteer?

☐ Mon.....Hours: _____ ☐ Thurs....Hours: _____

☐ Tue.....Hours: _____ ☐ Fri.....Hours: _____

☐ Wed.....Hours: _____ ☐ Sat.....Hours: _____

1. Have you ever been convicted of a felony? ☐ Yes (*Explain below) ☐ No
2. Have you ever been convicted of any crime against children? ☐ Yes (*Explain below) ☐ No
3. Are you willing to submit to a drug screening? ☐ Yes ☐ No (*Explain below)

**If you answered "Yes" to questions 1 or 2, or "No" to question 3, please explain below:*

Please list any experience you have working with youth (position and responsibility):

1. _____
2. _____
3. _____

<u>Education</u>	<u>Years Completed</u>	<u>Graduated?</u>	<u>Date</u>
High School: _____	1 2 3 4	Yes No	_____
College: _____	1 2 3 4	Yes No	_____
Other: _____	1 2 3 4	Yes No	_____

Please list three personal references (not family) that we may contact regarding your application:

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
2. Name: _____ Relationship: _____
Address: _____ Phone: _____
3. Name: _____ Relationship: _____
Address: _____ Phone: _____

By signing below, I do hereby attest that all information is truthful and accurate to the best of my knowledge. I authorize the Boys & Girls Clubs of Wayne County to investigate all statements contained on this application should they desire. I authorize the Boys & Girls Clubs of Wayne County to conduct a national criminal search, a social security verification search, a state and national sexual offender registry check, and if applicable, a BMV record check. I authorize the release of any and all information related to any potential past criminal activity on my part to the Boys & Girls Clubs of Wayne County.

Signature: _____ Date: _____

Date of Birth*: _____ E-mail Address: _____

**(Required to conduct background check)*