



**BOYS & GIRLS CLUBS**  
OF NEWPORT COUNTY

## EMPLOYMENT & VOLUNTEER APPLICATION

Seeking: \_\_\_\_\_ Employment ☐ Volunteer Opportunity ☐

Position Desired: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

What age group would you prefer working with? \_\_\_\_\_

When are you able to volunteer? Days: \_\_\_\_\_ Times: \_\_\_\_\_

High School: \_\_\_\_\_

Attended from: \_\_\_\_\_ Attended to: \_\_\_\_\_

College: \_\_\_\_\_

Attended from: \_\_\_\_\_ Attended to: \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Major: \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_

Are you fluent in any foreign language? ☐ Yes ☐ No

If yes, please list which language: \_\_\_\_\_

Licenses or certificates that you currently hold: (please provide copies)

☐ Chauffeurs License

☐ CDL License

☐ Lifeguard

☐ First Aid

☐ CPR

☐ Food Handler's License

☐ State Life Guard Certificate

☐ Other (please explain below)

Driver's License # and Class: \_\_\_\_\_

Teacher Certification, Grade Level: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CDA, Concentration: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License-RN, LPN, etc., License Held: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Training or other youth development experiences you have participated in over the past year relevant to the care of children- include courses, workshops, conferences, etc.:

Do you have any special hobbies or talents? ☐ Yes ☐ No

If you answered yes, please describe: \_\_\_\_\_

Have you ever been convicted of a crime; including drugs, sex-related or child abuse related offenses?

☐ Yes ☐ No

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two professional references and one personal that we may contact regarding your character:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience: Start with current or last employer first. Do not detail duties & responsibilities if described in attached resume.

Company Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brief Description of Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact employer? ☐ Yes ☐ No

Company Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brief Description of Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact employer? ☐ Yes ☐ No

Company Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brief Description of Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
May we contact employer? ☐ Yes ☐ No

The Boys & Girls Club of Newport County, Inc. reserves the right to conduct a Background Criminal Investigation and a Child Abuse and neglect Tracking System clearance on all potential employees and volunteers. Attached is a form that includes both as part of this application process.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date