



BOYS & GIRLS CLUBS
OF UNION COUNTY

V.I.P. Program APPLICATION FOR VOLUNTEER

PLEASE PRINT CLEARLY

Date: _____

NAME: _____ PHONE # _____
Last First

ADDRESS: _____ WORK # _____

CITY: _____ STATE: _____ ZIP CODE: _____

EDUCATION (Circle Years Completed)

High School 1 2 3 4 Trade School _____ College 1 2 3 4 5 6 7

College Major/Minor _____

Professional Licenses _____

OCCUPATION: _____ EMPLOYER _____

VOLUNTEER EXPERIENCE

1. Agency _____ How Long? _____ Telephone # _____

Address: _____ City _____ State _____

2. Agency _____ How Long? _____ Telephone # _____

Address: _____ City _____ State _____

AREAS OF SKILLS AND INTERESTS (please check all that apply):

Learning Center

- Mentors
- One-on-one Tutoring
- Homework Help
- Computer Center
- Storytelling
- Educational Games
- SAT Preparation
- Guest Speaker
- Career Opportunities
- Drug & Alcohol Preven.
- Job Skills
- Health & Nutrition
- Conflict Resolution
- Beauty & Hygiene
- Other

Physical Education

- Coaches & Asst.
- Officials
- Referees
- Lifeguards & Swim Assis.
- Timekeepers
- Scorekeepers
- Other
- Administrative Needs
- Data Entry
- Typing
- Poster Making
- Bulletin Boards
- Corporate
- Website Design
- Other

Social & Cultural

- Table Games
- Arts & Crafts
- Drama, Voice
- Musical Instruments
- Teen Club (14-18)
- Kids Club (11-13)
- Other
- Misc. Help
- Chaperone
- Event Set-up
- Groundskeepers
- Maintenance
- Fund Raising – Bingo
- Other

AGES YOU PREFER TO WORK WITH: (Please check one)

___ 5-7 ___ 8-10 ___ 11-13 ___ 14-18 ___ Adults

REFERRED BY: _____

PERSON TO BE CONTACTED IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

AVAILABILITY:

Weekdays: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Hours: _____ am until _____ pm **Total Hours/week** _____

Weekends: ___ Saturday ___ Sunday

Hours: _____ am until _____ pm **Total Hours/week** _____

When can you start? Date & Time: _____

BACKGROUND VERIFICATION:

- 1.) Have you ever been charged with neglect, abuse or assault of any kind? Yes No
- 2.) Has your driver's license ever been suspended or revoked? Yes No
- 3.) Do you use illegal drugs? Yes No
- 4.) Do you have any physical limitations which might limit your ability to perform certain types of activities? Yes No

5.) How many languages do you speak? _____ What are they? _____

NON-FAMILY REFERENCE INFO:

Name _____ Phone # _____

Relationship: _____ May we contact him/her? (Please circle one) Yes No

By signing below, I am verifying that the above answers are to the best of my knowledge truthful and that I have not withheld any pertinent information. I understand that I may be subject to further inquiry due to any direct interaction with children.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY VOLUNTEER OFFICE:

Interview Date: _____ Orientation Date: _____

Start Date: _____

Volunteer Assignment: _____



BOYS & GIRLS CLUBS
OF UNION COUNTY

**STAFF AND VOLUNTEER
BACKGROUND CHECK AUTHORIZATION FORM**

NAME:

HOME ADDRESS:
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:
MONTH DAY YEAR

I _____ hereby give my permission to BGCUC to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a staff or volunteer position with this organization. I also understand that as long as I remain a staff member or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by BGCUC. I also understand that the criminal history could contain information presumed to be expunged. I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

The staff member or volunteer named above has passed the background check as required by Boys & Girls Clubs of America and Boys & Girls Clubs of Union County.

CORPORATE ADMINISTRATIVE ASSISTANT

DATE

CHIEF EXECUTIVE OFFICER

DATE

CHIEF OPERATING OFFICER

DATE