



Staff Use Only:
Date received: _____
Unit Received at: _____
Staff Initials _____

Volunteer Application

(Please type or print neatly and complete all information)

Date:	Name of Applicant:		
Address :			City:
State:	ZIP:	Home phone:	
Cell phone:		Home e-mail:	

Current employer:	Occupation:		
Work Address:			City:
State:	ZIP:	Business phone:	
Fax:		Business e-mail:	

Please list your days and times you are available to volunteer:

How many hours are you committed to volunteer and for what length of time?

Location Preference: (Check one)	Sheboygan: _____	Sheboygan Falls: _____
Youth Age Preference: (Check one)	Elementary: _____	Teens: _____

Write a brief statement on why you wish to volunteer at the Boys & Girls Club.

Describe special interests or hobbies that you have (e.g. cooking, crafts, career interests, games, sports, computers, art, languages, music, painting, etc.).

How were you referred to us?

What do you wish to gain from your volunteer experience?

Have you ever been convicted of a crime? _____ No _____ Yes	If yes, describe the convictions in full:
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Have you ever been criminally charged with any crime related to the mistreatment, abuse, or molestation of children? _____ No _____ Yes
If yes, describe in full:

Current or past volunteer experiences			
Agency:		Address:	
Position:	Phone:		Dates:
Supervisor:		Supervisor email:	

Agency:		Address:	
Position:	Phone:		Dates:
Supervisor:		Supervisor Email:	

Agency:		Address:	
Position:	Phone:		Dates:
Supervisor:		Supervisor email:	

Professional References: No friends or family

Name:		Relationship:
Phone:	Email:	

Name:		Relationship:
Phone:	Email:	

Name:		Relationship:
Phone:	Email:	

Volunteer Release Statement

I, the undersigned, hereby state that if accepted as a volunteer, I agree to abide by the rules and regulations of the Boys & Girls Club (hereafter known as the "Club"). I am not allowed to take the youth off the Club grounds. I have not been convicted, with the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state of federally controlled substance. I am not under current indictment. Further, I hereby fully release, discharge and hold harmless the Club, participating organizations and all of their employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in volunteering. I understand that the Club staff reserves the right to terminate a volunteer from the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a volunteer from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

(Volunteer Signature)	(Date)
Parent Signature (if under age 18)	(Date)

Thank you for your interest in volunteering!



Release of Confidential Information Waiver

Since one of the fundamental principles of the Boys & Girls Clubs of Sheboygan County is to provide a safe place supervised by adults of good character, our organization conducts background checks of all our volunteers and employees. Please complete the following release form so this check may be done.

Thank you for your interest in our organization.

I, _____ authorize the release of information to the Boys & Girls Clubs of Sheboygan County and its staff. The release includes information gathered from Social Services, law enforcement agencies and/or any source appropriate in determining my qualifications. I understand this information will be kept confidential and will only be used to determine my appropriateness as an employee/volunteer of the Boys & Girls Clubs of Sheboygan County.

Signature:	Date:
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Please Print Information:

Last Name:	First Name:	Middle Name:
Permanent Address:		
City:	State:	Zip:
Date of Birth:	Social Security Number:	- -

List any names you have been otherwise known as:
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If under age 18 a parent or legal guardian must complete to give us consent to run background check.

I, _____ (print name) the Parent or Legal Guardian (circle one) of the above applicant, give my consent to run a background check on the minor listed.

Signature _____ Date ____/____/____