



Volunteer Application

PRINT Last Name	First Name	Middle	Date of Application
Street Address			Primary Phone
City	State	Zip Code	Alternate Phone
Email Address			Business Phone
Emergency Contact Name			Emergency Contact Phone Number
Name of Current Employer or School			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been EMPLOYED with us before? Yes No
 If yes, when? _____ Which location? _____

Have you ever VOLUNTEERED with us before? Yes No
 If yes, date(s): _____

Type of volunteer

<input type="checkbox"/> General Club	<input type="checkbox"/> Coaching Basketball	<input type="checkbox"/> Coaching Soccer	<input type="checkbox"/> Coaching other
<input type="checkbox"/> Tutor (complete below)	<input type="checkbox"/> Special program	<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Administrative
<input type="checkbox"/> Other-please list _____			

Tutor Volunteers Only
 Years of schooling completed since high school? _____
 List your major and/or minor areas of study in college: _____
 Subject areas you feel VERY comfortable teaching: _____ Not so comfortable: _____
 List age/grade you prefer to teach: _____
 Any additional information you feel would be helpful for club staff: _____

REFERENCES			
Complete information for at least three references. Former employers/supervisors are preferred.			
Name	Kind of Reference (Personal or Professional)	How do you know this person? (e.g. Supervisor, Co-Worker, Friend, please explain)	Phone Number (REQUIRED)

Have you been **arrested for any crime** within the past three (3) years? Yes No

My signature below certifies:

- All statements and information submitted on this application are true and correct.
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check (s). I also release such agencies from liability for any information that they may provide.
- I understand that BGCSV is an At-Will employer.

APPLICANT SIGNATURE

DATE



Volunteer Application

BGCSV CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Volunteer signature

Date

WAIVER & RELEASE OF LIABILITY

____ (Initial) I hereby release the BGCSV, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGCSV. I am assuming the risk for any mental or physical harm I might incur.

____ (Initial) I understand that it is my desire to further the work of the BGCSV by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan, I acknowledge that I am not acting as an employee of the BGCSV. I also acknowledge that I would not be covered under the BGCSV Worker Compensation plan.

____ (Initial) I agree that all personal possessions/property kept in the BGCSV buildings, on BGCSV property, and on any property used by the BGCSV are my own responsibility. BGCSV will not be held liable for any damage, loss or theft.

____ (Initial) I understand that BGCSV provides charitable services to the public and does not pre-screen members.

____ (Initial) I further agree to release and hold harmless the BGCSV, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

____ (Initial) I understand that photographs or video tapes may be made of me conducting activities and working with the Club members at the BGCSV. I authorize the BGCSV without limitation, to copy, publish, exhibit or distribute such photographs and videotapes for the purpose of reporting or promoting the BGCSV. I waive all rights or claims I have against the BGCSV, and/or its agents, subsidiaries or assignees related to the above photos and videotapes.

Volunteer signature

Date



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Background Check Information

<i>Office use only:</i>	
Club Location: _____	Staff Requesting Check: _____
Volunteer Type: _____ (coach / tutor / etc.)	

**All volunteers are required to pay for this background check- cost \$25- to BGCSV.
Please complete it carefully, legibly and accurately. Thank You.**

Full Name: _____

Maiden Name or Alias Names: _____

Social Security Number: _____ - _____ - _____ Sex: _____

Date of Birth: _____ Phone Number: (____) _____ - _____

Current Street Address: _____

City: _____ State: _____ Zip code: _____

I hereby authorize the Boys & Girls Clubs of Sierra Vista and/or Lexis Nexis to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteering.

I release Boys & Girls Clubs of Sierra Vista and/or Lexis Nexis and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment/volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I understand that background checks will be conducted in the future using this same authorization form as my release and permission for doing so.

Signature: _____ Today's Date: _____

Emergency Contact # _____ (in case of illness or injury)



MENTOR APPLICATION

(Please type or print)

Date _____

Name of Applicant _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Home e-mail _____

Employer _____ Occupation _____

Work Address _____

City _____ State _____ ZIP _____

Business phone _____ Fax _____ Business e-mail _____

Preferred Mentoring Day (Mon - Fri) Choice #1 _____ Choice #2 _____

Best Time of Day to mentor (check all that apply): Morning _____ Afternoon _____ Evening _____

Do you prefer to be matched with: (check one): Male _____ Female _____ No preference _____

Do you prefer to be matched with: (check one): Younger youth _____ Teen _____ No preference _____

- *On the back of this application or a separate sheet of paper, write a brief statement on why you wish to be a mentor in the Mentoring Program at the Boys & Girls Club.*
- *On the back of this application or a separate sheet of paper, describe special interests or hobbies that may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, painting, etc.).*

List the addresses where you have lived for the last 10 years (begin with the most recent after the current address listed above). Use back of page or separate sheet if more space is needed:

Dates: from _____ to _____

Address _____

City _____ State _____ ZIP _____

Dates: from _____ to _____

Address _____

City _____ State _____ ZIP _____



MENTOR APPLICATION

Please provide three personal references (other than family members):

1. Name _____ Telephone _____ Relationship _____
Address _____ City _____ State _____ ZIP _____
2. Name _____ Telephone _____ Relationship _____
Address _____ City _____ State _____ ZIP _____
3. Name _____ Telephone _____ Relationship _____
Address _____ City _____ State _____ ZIP _____

Employment History: List the last three places of employment with the most recent first:

1. Company _____ Occupation _____ Title _____
Dates from _____ to _____
2. Company _____ Occupation _____ Title _____
Dates from _____ to _____
3. Company _____ Occupation _____ Title _____
Dates from _____ to _____

Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Mentoring Program at the Boys & Girls Club (hereafter known as the "Club"). I understand that the program involves spending a minimum of one hour per week at the Club. I am not allowed to take the youth off the Club grounds. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with staff regularly during this period. I am willing to commit to one year in the program and then may be asked to renew for another year.

I have not been convicted of (a) any felony of any kind, or any misdemeanor involving (b) harm or threat of harm to another person, (c) controlled substances, (d) acts of a sexual nature, or (e) cruelty to animals. 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 the Mentoring Program.

I understand that the Club staff reserves the right to terminate a mentor from the program. The program takes place only at the Club and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of 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 mentor 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.

(Mentor Signature)

(Date)