



Office Use Only	
Background:	____/____/____
References:	____/____/____
Orientation:	____/____/____
90-day Review:	____/____/____
Last Updated: 02/16/22	

VOLUNTEER APPLICATION

Full Name _____ DOB ____/____/____

Address _____

City _____ State _____ Zip _____

Mobile _____ E-mail _____

DL# _____ State _____ Exp. Date ____/____/____

Do you have any medical conditions that we should be aware of? ____ No ____ Yes

If so, please explain: _____

AVAILABILITY

Volunteer opportunities of interest: Program Support Administrative Support Service Projects

If program support, preferred day(s)? Monday Tuesday Wednesday Thursday Friday

Preferred time frame? 11 a.m. - 1 p.m. 1 -3 p.m. 3 p.m.-5 p.m.

Preferred age group? Elementary Middle School High School

Preferred t-shirt size: Small Medium Large X-Large 2X-Large

EXPERIENCE

Please share your interest in volunteering with BGCWV _____

Current Employer _____ Title _____

Does your employer have a volunteer grant program? ____ Yes ____ No ____ Not sure

Have you ever worked with youth? ____ Yes ____ No

If yes, please describe: _____

Was your experience at an organization? ____ Yes ____ No

If yes, where _____

Supervisor's Name _____ Phone _____

SPECIAL INTEREST AND SKILLS

Please check all areas that interest you:

- Dance- types?** _____
- Instruments- types?** _____
- Sports- types?** _____
- Arts & Crafts Computers Reading Singing Drama Board Games Gaming
- STEM Robotics Photography Office/clerical Club Maintenance Fundraising
- Recreational Activities Tutoring: Math Science English Other _____

REFERENCES

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Emergency Contact

Name _____ **Phone** _____

Relationship Spouse Parent Sibling Friend

I certify that the answers given herein are true and complete to the best of my knowledge. I have read and understood the volunteer guidelines and expectations. I understand my acceptance to the BGCWV Volunteer program is dependent on my background checks. I understand that if I fail to adhere to the guidelines and rules of the Boys & Girls Club of the West Valley, then I will be asked to discontinue my services at any given time. Hold Harmless Clause: I further agree to relieve the Boys & Girls Club of the West Valley's Board of Directors and Staff of all liability in the event of an accident or injury to myself as the volunteer.

Signature

Date

For statistical purposes (Optional)

Identity: Female Male Non-binary Transgender

Ethnicity: Native American Asian African American Hispanic Pacific Islander
Caucasian 2 or more Rather not respond