



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

VOLUNTEER APPLICATION

Full Name _____ DOB ____/____/____

Address _____

City _____ State _____ Zip _____

Mobile _____ Email _____

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

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

If so, please explain: _____

AVAILABILITY

Volunteer area of interest: *Program Support Administrative Support Service Projects

Special skill/talent: _____

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

Preferred time frame? Mornings Afternoon

Preferred age group? Elementary Middle School High School N/A

Commitment dates: _____ to _____ Hours: _____ to _____

*EXPERIENCE

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: _____

Have you previously volunteered at a Boys & Girls Club? ____ Yes ____ No

If yes, which Club: _____

Supervisor's Name _____ Phone _____

***REFERENCES**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Emergency Contact

Name _____ Phone _____

Relationship Spouse Parent Sibling Friend

I understand my acceptance to the BGCWV Volunteer program is dependent on my background checks. I hereby consent to permit Boys & Girls Clubs of the West Valley to contact anyone it deems appropriate to verify my suitability for volunteer service, and knowingly waive all rights to bring an action for defamation, invasion of privacy, or any other cause of action against anyone providing or seeking such information. I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions. 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/Black Hispanic Pacific Islander
 Caucasian 2 or more Rather not respond