



VOLUNTEER APPLICATION

For Office Use Only:
Interview: By:
Refer chk:By:
Bkgrd chk: By:
Orientation:By:
Approved: Yes No By:
☐ Bonner ☐ Coach ☐ Other

Thank you for your desire to volunteer at the Boys and Girls Club of Jefferson County. Help us make our potential relationship the most productive for you, our organization, and the youth we serve by completing the following application. The Boys & Girls Club of Jefferson County does not discriminate against any individual regarding race, color, religion, sex, age, national origin, disability, marital status, veteran status, or other protected status.

Name:		SS #:
Address:		Phone:
City/State:	Zip:	Work Phone:
Age (check one):	r 21	Under 18
How did you become aware of	the Boys & Girls Club	of Jefferson County?
Why are you interested in volu	inteering at the Boys &	Girls Club of Jefferson County?
Are you interested in any partic	cular program area or ag	ge group?
		contribute to the Club?
What days and times are you a		_
☐ MonHours:		ThursHours:
TueHours:		Fri Hours:

 Have you ever been convicted of a felony? Have you ever been convicted of any crime agains 		below)	No	
3. Are you willing to submit to a drug screening? *If you answered "Yes" to questions 1 or 2, or		Yes tion 3, please exp		ain below,
Please list experience working with youth (position ar	d responsibilit	y):		
1				
2				
3				
Education Y	ears Complete	ed Graduated	<u>Pa</u>	<u>te</u>
High School:	1 2 3 4	Yes No		
College:	1 2 3 4	Yes No		
Other:	1 2 3 4	Yes No		
Please list three personal references (not family) that	ve may contac	t regarding your a	pplication:	
1. Name:				
Address:	P	Phone:		
2. Name:				
Address:	-			
3. Name:				
Address:	Phone:			
do hereby attest that all information is truthful and accurate to the efferson County to investigate all statements contained on this apackground checks.				
Signature:		Date:		
E-mail Address:				

(Rev. 1/30/09)