



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

VOLUNTEER APPLICATION

GENERAL					
NAME (Last) (First) (Middle Initial)			TELEPHONE (Area Code)		
			Home:	Other/Cell:	
OTHER NAMES USED					
PRESENT ADDRESS (Street Address)		(City)		(State)	(Zip Code)
DRIVER'S LICENSE			DATE OF BIRTH		
EMERGENCY CONTACT (Name)			(Relationship)		(Phone)
AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday
Times Available:					
WHERE DID YOU LEARN ABOUT OUR VOLUNTEER OPPORTUNITIES?					
ARE YOU SEEKING TO VOLUNTEER IN ORDER TO SATISFY COURT-ORDERED COMMUNITY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
DO YOU CURRENTLY USE ILLEGAL DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE OR NEGLECT OR IS THERE A PENDING CRIMINAL CHARGE AGAINST YOU FOR CHILD ABUSE OR NEGLECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					
ARE THERE ANY OTHER FACTS OR CIRCUMSTANCES INVOLVING YOU OR YOUR BACKGROUND THAT WOULD CALL INTO QUESTION YOU'RE BEING ENTRUSTED WITH THE SUPERVISION, GUIDANCE, AND CARE OF YOUNG PEOPLE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)					

EDUCATION

SCHOOL	NAME AND LOCATION	MAJOR	GRADUATE YES NO	DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS (Graduate, technical, business, military, etc.)				

CURRENT EMPLOYER (If applicable)

COMPANY NAME	YOUR TITLE
COMPANY ADDRESS	CITY, STATE ZIP
SUPERVISOR'S NAME TITLE	TELEPHONE

VOLUNTEER EXPERIENCE/REFERENCE

COMPANY/REFERENCE NAME
COMPANY/REFERENCE ADDRESS CITY, STATE ZIP
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES (If applicable)

VOLUNTEER EXPERIENCE/ REFERENCE

COMPANY NAME
COMPANY ADDRESS CITY, STATE ZIP
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES (If applicable)

INTEREST INVENTORY

What sorts of hobbies, interests, and activities do you enjoy?

Do you have any past or present volunteer experience? If yes, please describe.

What type(s) of transportation do you use? _____

This section will help you determine what volunteer activities you might like to participate in. Please check the area(s) that interest you. Check as many or as few as you like!

I would enjoy:

- Education/Tutoring
 - Sports
 - Arts & Crafts Activity Assistant/ Instructor
 - Computer/ Technology
 - Teen Center Activities/Groups
 - Gamesroom/Recreational Activities
 - Activities not listed above that I am interested in: _____
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Members of the Boys & Girls Clubs are ages 5 to 18. Which groups would you most enjoy working with? Check as many as you like!

- 5-8 Year Olds
- 9-10 Year Olds
- 11-12 Year Olds
- 13-15 Year Olds
- 16-17 Year Olds
- No Preference

Is there a particular type of volunteer work in which you are interested? Check all that apply.

- Working one-on-one with a single child
 - Working on group projects
 - Working directly with a staff member as an assistant
 - Helping around the office in general
 - No preference
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I authorize Boys & Girls Clubs of Brea-Placentia-Yorba Linda (BGCBPYL) to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and BGCBPYL from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for my employment with BGCBPYL

I authorize BGCBPYL to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release BGCBPYL from any and all liability for its providing this information.

I hereby acknowledge that I have read and understand the preceding statements.

Signature

Date

Office Use Only	
Experience/Reference Checked No. 1:	Experience/Reference Checked No. 2:
Police Record Check:	Confirmed:
Volunteer Accepted/ Denied:	Notified:
Orientation Scheduled Date/ Time:	Placement Beginning Date:
Position:	Staff Member Contact:
Schedule:	Additional Notes