



BOYS & GIRLS CLUBS OF GREATER WASHINGTON

Volunteer Application & Background Investigation Consent

All information collected from this document is kept confidential. Please print clearly. (2 pages)

GENERAL INFORMATION

Name: Last First Middle (Use legal name) Address Apt. # City State Zip Phone Number Email Address Highest Level of Education GED High School Some College College Degree MS Degree PhD Other: Are you applying for an internship position? Yes No If yes, please list department / Club:

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies Have you volunteered anywhere before? Yes No Position Describe your role/duties Agency Address Phone May we contact the Agency? Yes No

AVAILABILITY & INTERESTS

of Hours Available per week / month Preferred Days of the week Geographic Preference (If interested in specific Club, list here) Check all areas in which you would enjoy working. If you have special skills or talents not listed, please include in the "other" category.

Please indicate reason for volunteering and how you learned of the opportunity:

EMPLOYMENT HISTORY

Name of current employer Phone Address Position Name of Supervisor Job Title May we contact employer? Yes No Description of duties Does your employer have a community partnership? Yes No



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REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (____) _____
Address _____

Name _____ Relationship _____ Phone (____) _____
Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____ Relationship _____ Day Phone (____) _____

Name _____ Relationship _____ Day Phone (____) _____

CRIMINAL HISTORY INFORMATION & AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

Have you ever been convicted of a misdemeanor or felony, OR are any misdemeanor or felony charges pending against you?
 Yes **No** If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. **Furthermore, by providing my social security number and signature below, I grant authorization to Boys & Girls Clubs of Greater Washington to conduct background investigation(s) and/or criminal record checks as needed, as well as reference checks to determine my suitability for volunteer placement.**

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

*Social Security No. _____ - _____ - _____ Gender Male Female Date of Birth _____ / _____ / _____

Ethnicity African American Asian American Caucasian Hispanic/Latino Pacific Islander Native American
 Other: _____

Boys & Girls Clubs of Greater Washington acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (To be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Boys & Girls Clubs of Greater Washington. I also give Boys & Girls Clubs of Greater Washington my consent to obtain any emergency medical treatment necessary for the safety of my child.

Printed name of Parent/Guardian _____ Phone Number _____
Signature of Parent/Guardian _____ Date _____

SCHOOL INFORMATION (Answer when minor is completing Student Service Learning Hours through BGCGW)

School Name _____ Faculty Contact _____
Address: _____ City/State/Zip _____