

# VOLUNTEER APPLICATION

PRINT Last Name	First Name	Middle	Date of Application
Street Address			Primary Phone
City	State	Zip Code	Alternate Phone
Email Address			Business Phone
Emergency Contact Name			Emergency Contact Phone Number
Name of Current Employer or School			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been EMPLOYED with us before?  Yes  No  
 If yes, when? \_\_\_\_\_ Which location? \_\_\_\_\_

Have you ever VOLUNTEERED with us before?  Yes  No  
 If yes, date(s): \_\_\_\_\_

Type of volunteer

General Club     
  Coaching Basketball     
  Coaching Soccer     
  Coaching other  
 Tutor (complete below)     
  Special program     
  Guest Speaker     
  Administrative  
 Other-please list \_\_\_\_\_

**Tutor Volunteers Only**  
 Years of schooling completed since high school? \_\_\_\_\_  
 List your major and/or minor areas of study in college: \_\_\_\_\_  
 Subject areas you feel VERY comfortable teaching: \_\_\_\_\_ Not so comfortable: \_\_\_\_\_  
 List age/grade you prefer to teach: \_\_\_\_\_  
 Any additional information you feel would be helpful for club staff: \_\_\_\_\_

<b>REFERENCES</b>			
Complete information for at least three references. <b>Former employers/supervisors are preferred.</b>			
Name	Kind of Reference (Personal or Professional)	How do you know this person? ( e.g. Supervisor, Co-Worker, Friend, please explain)	Phone Number (REQUIRED)

**\*\*Have you been convicted of a crime that has not been expunged by a court? [ ] Yes [ ] No**  
 If so, Please explain \_\_\_\_\_

**My signature below certifies:**

- All statements and information submitted on this application are true and correct.
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check (s). I also release such agencies from liability for any information that they may provide.
- I understand that BGPC is an At-Will employer.

\_\_\_\_\_  
**APPLICANT SIGNATURE** \_\_\_\_\_  
**DATE**

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## BGCP CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

## WAIVER & RELEASE OF LIABILITY

\_\_\_\_ (Initial) I hereby release the BGCP, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGCP. I am assuming the risk for any mental or physical harm I might incur.

\_\_\_\_ (Initial) I understand that it is my desire to further the work of the BGCP by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan, I acknowledge that I am not acting as an employee of the BGCP. I also acknowledge that I would not be covered under the BGCP Worker Compensation plan.

\_\_\_\_ (Initial) I agree that all personal possessions/property kept in the BGCP buildings, on BGCP property, and on any property used by the BGCP are my own responsibility. BGCP will not be held liable for any damage, loss or theft.

\_\_\_\_ (Initial) I understand that BGCP provides charitable services to the public and does not pre-screen members.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

# VOLUNTEER APPLICATION

## CODE OF ETHICS

By signing a copy of this code of ethics, I as a volunteer at this organization affirm that:

- I will not discriminate against or refuse volunteer services to anyone on the basis of race, color, creed, age, sex, religion or nationality.
- I will not use my volunteer relationship to further my own interests.
- I will demonstrate a genuine interest in all persons served, and do hereby dedicate myself to their best interests and helping them help themselves.
- I will respect the privacy of persons served and hold in confidence all information obtained in the course of volunteer service.
- I will maintain confidentiality when storing or disposing of client records.
- I will maintain a professional attitude, which upholds confidentiality toward individuals served, colleagues, applicants and our organization.
- I, upon termination, will maintain client and co-worker confidentiality, and I will hold as confidential any information I obtained concerning the organization.
- I will respect the rights and views of my colleagues, and treat them with fairness, courtesy and good faith.
- I will not exploit the trust of the public or my co-workers. I will make every effort to avoid relationships that could impair my professional judgment.
- I will not engage in or condone any form of harassment or illegal discrimination.
- I will not permit fellow volunteer members to present themselves as competent or perform services beyond their training and/or level of experience.
- I will respect the confidences of my co-workers.
- When I replace a colleague or am replaced, I will act with consideration for the interest, character and reputation of the other professional.
- I will extend respect and cooperation to colleagues of all professions.
- If I know that a colleague has violated ethical standards, I will bring this to my colleague's attention. If this fails, I will report the activity to my supervisor.
- I will accurately represent my education, training, experience and competencies as they relate to my volunteer position.
- I will correct, when possible, misleading or inaccurate information and representations made by others concerning my qualifications or services.
- I will abide by organization policies related to public statements.
- I have total commitment to provide the highest quality of service to those who seek my professional assistance.
- I will continually assess my personal strengths, limitations, biases and effectiveness.
- I will strive to become and remain proficient in volunteer practice and the performance of volunteer functions.
- I will act in accordance with standards of professional integrity.
- I will not advise on problems outside the bounds of my competence.
- I will seek assistance for any problem that impairs my performance.
- I understand that violation of this code may be grounds for dismissal.

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Volunteer's signature

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Date

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Printed name

# VOLUNTEER APPLICATION

## BACKGROUND CHECK INFORMATION

Staff \_\_\_\_\_ Volunteer \_\_\_\_\_ Club \_\_\_\_\_ Area \_\_\_\_\_  
(ie.coach/bball)

Staff requesting check \_\_\_\_\_

FULL NAME: \_\_\_\_\_

MAIDEN OR ALIAS NAMES: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

I HEREBY AUTHORIZE THE Boys & Girls Clubs of America and/or First Advantage to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment/volunteering.

I release Boys & Girls Clubs of America and/or First Advantage and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment/volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I understand that background checks will be conducted in the future using this same authorization form as my release and permission for doing so.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_