



Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a BGC Weslaco Inc volunteer. Incomplete applications will not be processed.

Please Print Name, Address and Telephone Numbers:

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

Apt or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

Pager Telephone Number: _____ Business Telephone: _____

E-mail Address: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Name of person to contact in case of an emergency:

Last Name: _____

First Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed: ____ High School ____ Some College ____ College

*If applicable, please list the college that you are attending now: _____

If applicable, please denote what academic year you are in currently:

_____ Freshman _____ Sophomore _____ Junior _____ Senior

I have completed or am finishing Graduate School: _____

I need volunteer hours for school/college credit: _____ If yes, how many? _____

Please list the name of the college/university you graduated from:

Information about your employment:

Employer: _____

Position: _____

*If you are currently taking classes, please submit a copy of your most recent college/university transcript.

Information about your health:

Physician's Name: _____

(Please print)

Telephone Number: (_____) _____

Please list the medications that you are currently taking: _____

Is there any health reason that might limit your ability to volunteer? _____ Yes _____ No

If yes, please describe: _____

Please check off the infectious illnesses you have had:

_____ Measles _____ Mumps _____ Rubella _____ Chicken Pox _____ Diphtheria

_____ Polio _____ Tetanus _____ Whooping Cough

Please check the infectious illnesses you have been immunized for:

_____ Measles _____ Mumps _____ Rubella _____ Chicken Pox _____ Diphtheria

_____ Polio _____ Tetanus _____ Whooping Cough

How did you hear about volunteering at BGC Weslaco Inc? Please check which one applies:

Information about your volunteer interests:

Please describe in detail why are you interested in volunteering here at Boys & Girls Club of Weslaco Inc? _____

Information about your interests/skills/experience and availability:

Would you prefer to volunteer: _____ Directly with children _____ Directly with families

_____ In support areas...please denote which specific area: _____

Please list your experiences or skills that relate to the preference indicated previously:

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available/interested in supporting BGC Weslaco at Special Events?

____ No ____ Yes ____ Morning ____ Afternoon ____ Evening ____ Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

____ No ____ Yes ____ Morning ____ Afternoon ____ Evening ____ Weekend

References:

Please print the COMPLETE mailing addresses of three people we may contact (excluding relatives and roommates) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Boys and Girls Club of Weslaco reserves the right to conduct state and federal background checks. Have you ever been arrested for conducting or attempting to conduct a sexual offense?

____ Yes ____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at BGC Weslaco, you agree to notify Volunteer Services. Failure to do so may result in termination.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

____ Yes ____ No

Volunteer Privacy Information and Release Authorization
Please read the following carefully

Application information

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that Boys and Girls Club of Weslaco Inc requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation

I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification. I authorize Boys and Girls Club of Weslaco to conduct the background investigation and release BGC of Weslaco Inc from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Boys and Girls Club of Weslaco Inc. I have read and understand the above and by my signature consent to these statements.

Applicant Signature

Date

Background Checks:

In an effort to create a safe environment for patients, visitors and employees, BGC Weslaco conducts a national and county criminal background investigation. This investigation may include arrests and convictions. This report is kept confidential.