



VOLUNTEER APPLICATION

— BOYS & GIRLS CLUB OF COOKE COUNTY

The Boys & Girls Club of Cooke County has a zero-tolerance policy for child abuse and mistreatment of any kind in our organization. Our thorough staff and volunteer consideration process reflects that commitment to ensuring the safety of children in our care.

Personal Information

Full Legal Name (First, Middle, Last): _____ Date of Birth:
M M D D Y Y

Mailing Address (Address, City, Zip): _____

E-Mail: _____ Phone: _____

Social Security Number: _____ Shirt Size: _____ How were you referred to us?: _____

Have you previously volunteered at this Boys & Girls Club OR another Boys & Girls Club?: YES NO

If yes, provide Club name and supervisor contact information: _____

Have you previously been convicted of a criminal offense?: YES NO If yes, please explain: _____

Volunteer Information

Volunteer Interest:

<input type="checkbox"/> MENTOR	<input type="checkbox"/> MUSIC ACTIVITIES
<input type="checkbox"/> ADULTING 101	<input type="checkbox"/> SEWING & CROCHET
<input type="checkbox"/> CLUB BEAUTIFICATION	<input type="checkbox"/> ARTS & CRAFTS
<input type="checkbox"/> STEM ACTIVITIES	<input type="checkbox"/> GARDENING ACTIVITIES
<input type="checkbox"/> HOMEWORK	<input type="checkbox"/> SPORTS CLUBS

Volunteer desired time frame:

AFTERSCHOOL & SUMMER

SUMMER ONLY

Volunteer Consistency:

ONE TIME

REOCCURING

Other Interests: _____

Days available (Program runs Monday - Friday): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Hours Available: _____

Experience

VOLUNTEER EXPERIENCE • ONE

Organization Name: _____ Volunteer Dates: _____

Supervisors Name & Title: _____ Supervisors Phone: _____

Supervisors E-mail: _____ May we contact organization?: YES NO

Brief description of duties & responsibilities: _____

VOLUNTEER EXPERIENCE • TWO

Organization Name: _____ Volunteer Dates: _____

Supervisors Name & Title: _____ Supervisors Phone: _____

Supervisors E-mail: _____ May we contact organization?: YES NO

Brief description of duties & responsibilities: _____



**BOYS & GIRLS CLUB
OF COOKE COUNTY**

References

MUST include ONE family member

REFERENCE · ONE

Reference Name: Relationship:

Reference E-mail: Reference Phone:

REFERENCE · TWO

Reference Name: Relationship:

Reference E-mail: Reference Phone:

REFERENCE · THREE

Reference Name: Relationship:

Reference E-mail: Reference Phone:

Authorizations

I hereby authorize the Boys & Girls Club of Cooke County to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the position for which I am applying to volunteer. I understand that the Boys & Girls Club of Cooke County will utilize an outside firm to assist in check such information, and I specifically authorize such an investigation by information services and outside entities of the Organization's choice now and annually during the tenure of my employment of service with the Boys & Girls Club of Cooke County. I recognized that the Organization would consider the results of my background check in selecting me for volunteer opportunities. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

I authorize Boys & Girls Club of Cooke County and VeriScreen to obtain and prepare an investigative consumer report, as part of its investigation of my volunteer application. This authorization shall remain in effect over the course of my volunteer time.

I hereby acknowledge that I have read and understood the receding statements. Please sign your name below:

Print Name: Signature: Date:

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