



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Purpose of Volunteering

- SIU Student – course requirement: _____ Course Name _____ # of hours
- SIU RSO: _____ Name of RSO
- Community Volunteer
- Corporation Volunteer: _____ Name of Corporation
- Community Service Hours/Court Mandated: _____ Probation Contact _____ # of hours
- Community Service Hours/TANF: _____ Contact Person _____ # of hours (week)

Availability

Monday _____ (TIME) _____

Tuesday _____ (TIME) _____

Wednesday _____ (TIME) _____

Thursday _____ (TIME) _____

Friday _____ (TIME) _____

Beginning

Date: _____

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Programming (Youth)
- Building Maintenance/Cleaning
- Special Events
- Fundraising

Age Group Preference

Tell us which age group you would prefer to work with, we will try and place you with this preference as much as possible

- Kindergarten – 1st grade
- 2nd and 3rd grade
- 4th and 5th grade
- Middle School (6th-8th)
- High School

Boys and Girls Club of America Knowledge and Experience

What is your experience and knowledge of the Boys and Girls Club of America? If you have been involved with a Boys and Girls Club – where and when?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Trainings/Certifications

Do you have any of the following certifications or trainings?

_____ First Aid
_____ CPR
_____ CPI
_____ Mandated Reporter
_____ Other: _____

If you have any of the above certifications please bring a copy of your certificate so that we may have a copy on file.

Person to Notify in Case of Emergency

Name and relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Please List 3 references that are not family (you can list professors, previous or current employers, etc):

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

FOR OFFICE USE ONLY:

Date Orientation scheduled: _____ Background check completed: _____

References checked: _____

Orientation completed – Date: _____ Initials: _____

Entered into Volunteer Trax - Date: _____ Initials: _____

COMMENTS:



**BOYS & GIRLS CLUB
OF CARBONDALE**

250 N. Springer St.

PO Box 3092

Carbondale, IL 62902

BACKGROUND CHECK RELEASE OF INFORMATION

I, _____
LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME

Current Physical Address (MUST INCLUDE STREET, CITY, STATE, AND ZIP CODE)

Phone Number Email Address

Date of Birth Social Security Number Gender Race

Have you ever been arrested or convicted of a felony: YES _____ NO _____

Have you ever been arrested or convicted of a misdemeanor: YES _____ NO _____

If you answered yes to either question above please provide a brief explanation of offense and date below:

My signature below evidences my understanding that I am being considered for a position of employment or volunteer at the BGCC and I hereby authorize BGCC to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Illinois or National Registries. I understand that I may at anytime request in writing a copy of all findings. **I further understand that information obtained during the investigation(s) may be used as a basis for the acceptance or denial of appointment or reappointment, as well as termination when appointed to the above position pending completion of my records check investigation.**

I understand that refusal to supply accurate information and sign this release will result in termination of the appointment process. All information I hereby authorize to be obtained will be confidential.

Applicant Signature:

Print Name Signature Date

OFFICE USE ONLY

Cost: \$10 Check _____ Cash _____ Received: Date _____ By: _____
Identification Verified (picture ID): DL: _____ State ID: _____ Other: _____
Employment: _____ Program Volunteer: _____ Board Volunteer: _____ Other: _____
Date Background processed: _____ Background Results received: _____
Approved: _____ Denied: _____ Result Concerns: _____