



Thank you for your interest in volunteering at the Boys and Girls Club. We are looking for volunteers and would love to meet with you. Here is the process to get started:

1. Complete the attached application and make an appointment with me to turn it in.
2. At this appointment you will need to bring the application, \$10.00 for the background check processing fee and a driver's license or state ID.
3. We will then schedule your orientation (about 45 minutes) for within 4-5 days after the initial appointment.
4. Attend the orientation and set up your schedule for volunteering
5. Complete the online mandated reporter training (on your own) and turn in certificate of completion on first day of volunteering.

Please let me know of a time that you can come in for your initial appointment (preferably sometime between 8 am and 2 pm - after that time, youth are arriving at the Club and it is harder to conduct a meeting appointment, however it is doable if that is all you can do).

Sincerely,

Tina

*Tina B Carpenter, M.S.ed*  
*Program Director*  
*Boys and Girls Club of Carbondale*  
*PO Box 3092*  
*Carbondale, IL 62902*  
*618-457-8877 ext. 23*  
[\*tcarpenter@bgc-cdale.org\*](mailto:tcarpenter@bgc-cdale.org)



# Volunteer Application

## Contact Information

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

## College Student information

Major	
Year in School	
Last Previous Address: (Street, City, State, Zip)	

## Purpose of Volunteering

- College Student – course requirement: \_\_\_\_\_ Course Name \_\_\_\_\_ # of hours  
 University or College
- 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 – 1<sup>st</sup> grade
- 2<sup>nd</sup> and 3<sup>rd</sup> grade
- 4<sup>th</sup> and 5<sup>th</sup> grade
- Middle School (6<sup>th</sup>-8<sup>th</sup>)

## Site Preference

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

- Main Site – 250 N. Springer Street
- Rebound Alternative High School
- Carbondale Middle School
- Lewis 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?

## 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: \_\_\_\_\_

# 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

\_\_\_\_\_  
Driver's License or State ID

\_\_\_\_\_  
State of Issue

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 \_\_\_\_\_    Debit/Credit \_\_\_\_\_    Received: Date \_\_\_\_\_    By: \_\_\_\_\_  
Identification Verified (picture ID): DL: \_\_\_\_\_    State ID: \_\_\_\_\_    Other: \_\_\_\_\_  
Employment: \_\_\_\_\_    Volunteer: \_\_\_\_\_    Board Volunteer: \_\_\_\_\_    Intern: \_\_\_\_\_    Other: \_\_\_\_\_  
Date Background processed: \_\_\_\_\_    Background Results received: \_\_\_\_\_  
Approved: \_\_\_\_\_    Denied: \_\_\_\_\_    Result Concerns: \_\_\_\_\_