



VOLUNTEER APPLICATION

- ❖ >> **PRINT CLEARLY - UNREADABLE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
- ❖ >> **COMPLETE ALL INFORMATION. * REQUIRED FOR BACKGROUND CHECK**

PERSONAL INFORMATION:

*First Name		*Last Name		*Middle Name	Today's Date
*Home Street Address				*Primary Phone: [] Cell [] Home [] Work	
*City, State, Zip				Alternate Phone: [] Cell [] Home [] Work	
Personal E-Mail Address (PRINT IN BLOCK CAPS)				*Social Security Number:	
Are you 18 years of age or older? Yes No	*Date of Birth:		[] Male [] Female	Race/Ethnicity	
TYPE OF VOLUNTEER: [] GENERAL VOLUNTEER [] INTERN [] JOB SHADOWING [] OTHER:					

Do you have a current Driver License? No Yes	Driver License Number:	State:	Expiration Date:	Do you have a reliable transportation? No Yes Describe:
Have you previously applied to work/volunteer with us? No Yes: Month _____ Year _____ Position:			Have you ever worked/volunteered here before? No Yes: Month _____ Year _____ Position:	
Have you, in the last 7 years, been convicted of a DUI? No Yes	Have you ever been convicted of a felony? Yes No <i>(A conviction does not automatically disqualify you for volunteering. Factors such as age, date of conviction, seriousness and nature of the crime, and rehabilitation are considered)</i>			
Reason for conviction:			Date of conviction:	State & County of conviction:

VOLUNTEER PREFERENCES & AVAILABILITY:

Interests and Special Skills (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Education (College/Trade School) | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Club Facility maintenance (painting, landscaping) |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Special Skills (web design, photography, finance. Etc.) |
| <input type="checkbox"/> Art & Culture | <input type="checkbox"/> Music |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Career Exploration |
| <input type="checkbox"/> Games (Chess, Bridge, Euchre) | <input type="checkbox"/> Crafts (Jewelry making, Pottery, Crocheting, Knitting, Quilting/Sewing) |
| <input type="checkbox"/> Tutoring, Reading, Homework Help | Are you Bilingual? __ Yes __ No What Language(s) _____ |
| <input type="checkbox"/> Other _____ | |

INDICATE PREFERENCES, DAYS AND TIMES YOU ARE AVAILABLE TO WORK.

DAYS AVAILABLE: <input type="checkbox"/> MONDAYS <input type="checkbox"/> TUESDAYS <input type="checkbox"/> WEDNESDAYS <input type="checkbox"/> THURSDAYS <input type="checkbox"/> FRIDAYS	PREFERENCES: <input type="checkbox"/> PREFER DAYS <input type="checkbox"/> PREFER EVENINGS <input type="checkbox"/> FLEXIBLE <input type="checkbox"/> OTHER:	LOCATION PREFERENCE: <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> FAIRFIELD <input type="checkbox"/> TIMOTHY L JOHNSON <input type="checkbox"/> BROOKMILL <input type="checkbox"/> FELLOWSHIP	HOURS AVAILABLE: PER DAY _____ PER WEEK _____ PER MONTH _____
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EDUCATION:

School	Names of School/ College:	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education and Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION EXPIRATION:

This application expires 60 days from the date of application. If you have not been invited to interview within that time period, it is likely the position has been filled. To be considered for volunteering beyond this time period, you will need to submit another application.

• This volunteer application is not to be construed as an application or offer for paid employment now or in the future.

BACKGROUND CHECKS: A criminal records and motor vehicle/driving background check, and references checks will be conducted to develop information concerning your suitability for volunteering at the Boys & Girls Clubs of Fort Wayne (BGCFW). Date of Birth and Social Security Number is required for background checks and is not used for any other purpose.

APPLICANT'S STATEMENT:

I confirm that the information supplied is true and correct. I understand that false or misleading information given in this application and/or interview(s) will be cause for rejection/release. I also understand that I am to abide by all rules and regulations of the Boys & Girls Clubs of Fort Wayne.

By signing and dating this application, I authorize BGCFW to conduct a background search in order to determine my eligibility as a volunteer for any of the BGCFW locations. I agree to hold harmless the Boys & Girls Clubs of Fort Wayne, law enforcement agencies, and background search organizations in regard to the use of the information authorized for release. BGCFW reserves the right to reject this application without recourse against BGCFW or any of its employees, officers, directors, agents, affiliates, or other designees. I also hereby authorize BGCFW to independently verify all information provided on this application and/or in an interview.

Signature of Volunteer: X _____ Date: _____

VOLUNTEER CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT

It is the Boys & Girls Clubs of Fort Wayne (BGCFW) policy to provide a safe, secure and confidential work environment that is protected from exposure to any private, personal, or confidential information. This includes but is not limited to any and all information written or oral regarding the privacy, confidentiality, identities, business information, sources of supply, financial data, marketing information, sub-contractors, administrative and electronic Information, paperwork, files, records, notes, texts, emails, social media, photos, videos, images, oral or audio recordings, earnings information, and personnel records.

AGREEMENT TO NOT DISCLOSE CONFIDENTIAL INFORMATION:

While being a volunteer, intern, or job shadowing, currently or at any time after, I hereby agree and acknowledge to not use for myself or others, nor disclose or reveal directly or indirectly by any manner, any written, oral, or electronic private or confidential BGCFW information. This includes but is not limited to names and any personal information of Club members and staff. Additionally I will use reasonable efforts to prevent unauthorized use or disclosure of confidential information by keeping such information secure.

Upon the termination of volunteering from BGCFW, I shall return to the BGCFW all documents, property, information and materials relating in any way to the BGCFW business that may have been obtained by me during the course of volunteering. I further agree I shall not retain copies, notes or abstracts of the foregoing, including all electronic documents.

Violation of confidentiality is considered serious and is subject to immediate disciplinary action up to and including release and possible legal action.

I have read, understand and agree to comply with the above policy.

Signature of Volunteer: X _____ Date: _____

EMERGENCY CONTACT PERSON(S):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Primary Phone: _____	Primary Phone: _____
Alt. Phone: _____	Alt. Phone: _____
Address: _____	Address: _____
City: _____	City: _____
ST: _____ Zip: _____	ST: _____ Zip: _____
Notes/Instructions:	Notes/Instructions: