



BOYS & GIRLS CLUBS
OF GREATER GASTON

Volunteer Application

Please Print or Type

DATE: _____

Name: _____

Home Phone#: _____ Cell Phone #: _____

E-mail Address: _____

Address: _____ City & State _____ Zip _____

Gender: _____ Age: _____ Ethnicity: _____

Where did you learn about our volunteer opportunities? _____

Are you seeking to volunteer in order to satisfy an obligation for school or an organization? _____

Are you seeking to volunteer in order to satisfy court ordered community service? _____

Highest Level of Education Completed: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____ Phone _____

SKILLS & EXPERIENCE

What is your educational background? _____

What sorts of hobbies, interests, and activities do you enjoy? _____

List any volunteer experiences _____

REFERENCES

Current Employer: _____ Employer Contact Name: _____

Address: _____ Phone Number: _____

Please list the names and phone numbers of two people who know you well and can attest to your character, skill and dependability. (Please do not list relatives.)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

AVAILABILITY

This section will help determine the best days and times for your volunteer activity. Please check all the days and times you will be available to volunteer (enter times available in each box).

West Gastonia & Bradley Teen Center

Summer: 7:30am-5:30pm School Year: (M-TH) 2:30pm-7:00pm
 (Friday) 2:30pm-6:00pm

Bessemer City

Summer: 7:00am-5:00pm School Year: (M-F) 2:30pm-6:00pm

M	T	W	TH	F		M	T	W	TH	F

COMMITMENT

What kind of a time commitment are you willing to make? Daily // Weekly // Monthly // Yearly
 (circle one)

_____ 1 day to 1 month _____ 1 month to 3 months _____ 3 months to 6 months
 _____ 6 months to 9 months _____ 9 months or more

List any physical limitations or treatment which might limit your ability to perform certain types of work:

ADDITIONAL INFORMATION

- | | | |
|--|-----|----|
| ▪ Do you currently use illegal drugs? | YES | NO |
| ▪ Have you ever been convicted for a criminal offense? | YES | NO |
| ▪ Have you ever been convicted of child abuse or neglect or is there a pending criminal charge against you for child abuse or neglect? | YES | NO |
| ▪ Has your driver's license been suspended or revoked? | YES | NO |
| ▪ Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? | YES | NO |

If you responded 'yes' to any of the above, please explain below:

AGREEMENT & AUTHORIZATION

I certify that all the answers on this application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers, and references listed above to give you any and all information concerning my education, employment, and abilities to work with children and young people. I authorize investigation of all statements contained in the application and understand that any false, misleading statements or material omissions are cause for termination of my position.

I further certify that I recognize the Boys & Girls Clubs of Greater Gaston may run a background check on my application.

Applicant Signature

Date

Director Signature

Date