



**BOYS & GIRLS CLUB  
OF THE CAPITAL CITY**

**VOLUNTEER APPLICATION**

**Be the ONE.**

**Be GREAT.**

**Be a VOLUNTEER.**

*For BGC Office Use Only*

Received By:	Date: / /	Reference 1 Ck. <input type="checkbox"/> By:
Interview By:	Date: / /	Reference 2 Ck. <input type="checkbox"/> By:
Orientation By:	Date: / /	Reference 3 Ck. <input type="checkbox"/> By:

## ***Personal Information***

(Please print) First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

## ***Work OR Volunteer Experience***

Your Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Organization Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Briefly Describe Your Duties & Responsibilities \_\_\_\_\_

\_\_\_\_\_

Your Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Organization Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Briefly Describe Your Duties & Responsibilities \_\_\_\_\_

\_\_\_\_\_

## ***Skills & Interests***

Have you ever been EMPLOYED with us before?

Yes       No      If yes, when? \_\_\_\_\_

Have you ever VOLUNTEERED with us before?

Yes       No      If yes, when? \_\_\_\_\_

How did you hear about us?

Friend/Family       Social Media/Website

Company/Professional Affiliation

Other \_\_\_\_\_

Did someone refer you to us? If yes, who? (Name) \_\_\_\_\_

How are you interested in volunteering?

Check all that apply:

\_\_\_\_\_ Working one-one with youth      \_\_\_\_\_ Working directly with a staff person as an assistant

\_\_\_\_\_ Doing public speaking, Fundraising, etc.      \_\_\_\_\_ Coaching, teaching, demonstrating

\_\_\_\_\_ Office/Clerical      \_\_\_\_\_ No preference

## References

**Please list three references (not relatives) having knowledge of your character, experience, and ability:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been convicted of a felony?    Yes \_\_\_\_\_    No \_\_\_\_\_

**UNDERSTANDING AND 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 understand that the information that I have provided may be verified, and I give permission the Boys & Girls Club of the Capital City to make inquiries, which include a criminal background check, concerning my suitability to act as a Boys & Girls Club volunteer. I specifically authorize the Club to investigate all statements in this application. I authorize educational institutions, employers, and references listed above to give the Clubs any and all information concerning my education, employment, and fitness to work with youth. I further agree to release and hold harmless the Boys & Girls Club of the Capital City from all liability and any damage that may result from furnishing this information.

I acknowledge that the Boys & Girls Club of the Capital City does not provide workers' compensation for volunteers who are on the premises of the Club of working as a volunteer in any capacity for the Boys & Girls Club.

I grant Boys & Girls Club of the Capital City to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of the Boys & Girls Club of the Capital City.

I affirm that I have read the above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING  
BACKGROUND CONSUMER REPORTS**

**Important: Please read carefully before signing.**

**DISCLOSURE**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, criminal records, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company.**

These reports may include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities may be requested. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

The name, address and telephone number of the Company preparing the report is: First Advantage P.O. Box 3367 Seminole, FL 33775-3367; Toll free number: 1-800-321-4473 ext. 8. Their privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy>.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby wave your right to obtain a copy of the investigative consumer report .

Please be advised that you have a right to inspect the files that the Consumer Reporting Agency may have on you during normal business hours and upon you furnishing proper identification.

## AUTHORIZATION

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

**Print your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

*The following is for identification purposes only to perform the background check:*

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Race:** \_\_\_\_ **Gender (M or F):** \_\_\_\_\_

**Other or Former Names:** \_\_\_\_\_

**Professional License:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_