

Boys & Girls Club of Jefferson City

VOLUNTEER APPLICATION

Be the ONE.

Be GREAT.

Be a VOLUNTEER.

Dear Prospective Volunteer:

Thank you for your interest in volunteering with the Boys & Girls Club of Jefferson City. With your help, we can strengthen existing programs, add new programs, and extend them to more boys & girls.

Our emphasis is on providing wholesome activities supervised by caring adults of high moral character. Because the risk, no matter how remote, of exploitation or abuse of our members is unacceptable, we are required to secure your consent for a background check and examine all references.

Thank you for your interest in serving youth and understanding both the need and time (approximately 2 weeks) it will take to process your placement in our program.

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 _____

Have you ever been convicted of a felony? Yes _____ No _____

Phone Number (Day) _____ (Evening) _____

Highest Level of Education: High School _____ College _____ Masters _____ Other: _____

A+ Student? Yes _____ No _____

Hours available to volunteer: Mornings _____ Afternoons _____
Evenings _____

Physical Limitations:

Work OR Volunteer Experience

Title _____ Start Date _____ End Date _____

Organization Name _____ Supervisor's Name _____

Address _____ Supervisor's Phone Number _____

Briefly Describe Your Duties & Responsibilities _____

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? _____

Languages Spoken: _____

First Aid/CPR Certified? Yes No **Certification Expiration Date:** _____

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) _____

Your interest in volunteering consists of?

Check all that apply:

_____ Working one-one with youth _____ Working directly with a staff member/assist
_____ Public speaking/Advocacy, Fundraising, etc. _____ Coaching, teaching, demonstrating
_____ Office/Clerical _____ No preference

References

Please list three references (non-relatives) having knowledge of your character, experience, and ability to volunteer:

Name _____ Address _____

Phone _____ Email _____

Name _____ Address _____

Phone _____ Email _____

Name _____ Address _____

Phone _____ Email _____

PLEASE RETURN YOUR COMPLETED APPLICATION:

MAIL/DELIVER TO: Boys & Girls Club of Jefferson City
1105 Lafayette St.
Jefferson City, MO 65101

FAX TO: 573-638-0350

EMAIL TO: kcrow@bgcjc.com

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 Jefferson 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 Jefferson City from all liability and any damage that may result from furnishing this information.

I acknowledge that the Boys & Girls Club of Jefferson 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 Jefferson 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 Jefferson 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: _____

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: _____

Signature: _____ **Date:** _____