



VOLUNTEER APPLICATION

PRINT Last Name	First Name	Middle	Date of Application
Street Address			Primary Phone
City	State	Zip Code	Alternate Phone
Email Address			T-Shirt Size
Emergency Contact Name			Emergency Contact Phone Number
Name of Current Employer or School			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been EMPLOYED with us before? Yes No
 If yes, when? _____ Which location? _____

Have you ever VOLUNTEERED with us before? Yes No
 If yes, date(s): _____

Type of volunteer

Homework Help
 Teen Program
 Art Program
 Fundraising
 Tutor (complete below)
 Sports, Fitness & Rec.
 Small/Specialized Program
 Board Member/Committee Member
 Special Events
 Other-please list _____

Tutor Volunteers Only
 Years of schooling completed since high school? _____
 List your major and/or minor areas of study in college: _____
 Subject areas you feel VERY comfortable teaching: _____ Not so comfortable: _____
 List age/grade you prefer to teach: _____
 Any additional information you feel would be helpful for club staff: _____

VOLUNTEER REFERENCES			
Complete information for at least three references.			
References must be able to speak to your previous/current volunteer experiences.			
Name	Kind of Reference (Personal or Professional)	How do you know this person? (e.g. Supervisor, Co-Worker, Friend, please explain)	Phone Number (REQUIRED)

Have you been **arrested for any crime** within the past three (3) years? Yes No

- My signature below certifies:**
- All statements and information submitted on this application are true and correct.
 - I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check (s). I also release such agencies from liability for any information that they may provide.
 - I understand that BGCB is an At-Will employer.
 - I understand that there is a minimum commitment of 10 hours of volunteer time.
 - I understand that there is a non-refundable \$25 processing fee for this application.

APPLICANT SIGNATURE _____
DATE



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BGCB CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Volunteer signature

Date

WAIVER & RELEASE OF LIABILITY

____ (Initial) I hereby release the BGCB, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGCB. I am assuming the risk for any mental or physical harm I might incur. I understand that all application materials and findings are confidential and becomes property of BGCB once I turn my application in.

____ (Initial) I understand that it is my desire to further the work of the BGCB by performing services as a volunteer. I will undertake these services as a volunteer without a compensation plan. I acknowledge that I am not acting as an employee of the BGCB. I also acknowledge that I would not be covered under the BGCB Worker Compensation Plan.

____ (Initial) I agree that all personal possessions/property kept in the BGCB buildings, on BGCB property, and on any property used by the BGCB are my own responsibility. BGCB will not be held liable for any damage, loss or theft.

____ (Initial) I understand that BGCB provides charitable services to the public and does not pre-screen members.

Volunteer signature

Date



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Volunteer Background Check Information

<i>Office use only:</i>	
Club Location: _____	Staff Requesting Check: _____
Volunteer Type: _____ (program / board / facility rental)	

Please complete this form carefully, legibly and accurately. Thank You.

Full Name: _____

Maiden Name or Alias Names: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State issued in: _____

Date of Birth: _____ Phone Number: (____) _____ - _____

Current Street Address: _____

City: _____ State: _____ Zip code: _____

I hereby authorize the Boys & Girls Clubs of Bend and/or First Advantage to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteering.

I release Boys & Girls Clubs of Bend and/or First Advantage and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment/volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I understand that background checks will be conducted in the future using this same authorization form as my release and permission for doing so.

Signature: _____

Today's Date: _____

Emergency Contact # _____ (in case of illness or injury)

*Please mail completed forms to:

Boys & Girls Clubs of Bend
500 NW Wall St.
Bend, OR 97701