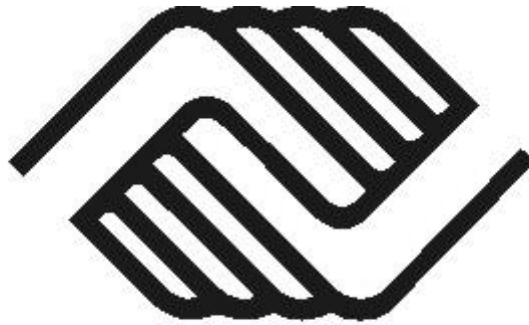


VOLUNTEER APPLICATION



BOYS & GIRLS CLUBS OF THE EAST VALLEY

Last Name _____
 First Name _____
 Date _____
 Branch _____
 Assigned Position _____

Fingerprints: On File Not Needed Under 18

<p style="text-align: center;">For Club Use Only</p> <p>Interview by: _____ Date: ___/___/___</p> <p>Supervisor: _____ Date: ___/___/___</p> <p>Orientation Done by: _____ Date: ___/___/___</p>	<p style="text-align: center;">Reference Checks <small>For Club Use</small></p> <p>Reference 1 Ck. <input type="checkbox"/> By _____</p> <p>Reference 2 Ck. <input type="checkbox"/> By _____</p>
<p style="text-align: center;">Proposed</p> <p>Starting Date: _____ Weekly Commitment of Time: _____</p> <p>___/___/___ From _____ To _____</p>	<p style="text-align: center;">For Admin</p> <p>Date Approved ___/___/___</p> <p>Date Denied ___/___/___</p> <p>Club Notified via _____ on ___/___/___</p>

Actual Start Date _____

OMISSION OF ANY OF THE ABOVE INFORMATION WILL CAUSE APPLICATION TO BE RETURNED TO THE CLUB FOR COMPLETION, EXTENDING PROCESSING TIME WE RESERVE THE RIGHT TO REFUSE VOLUNTEER SERVICE TO ANYONE WITH OR WITHOUT CAUSE.

BOYS & GIRLS CLUBS OF THE EAST VALLEY
2602 W Baseline Road Suite 25, Mesa, AZ 85202

**VOLUNTEER
APPLICATION**

PLEASE PRINT

Date: ____ / ____ / ____

PERSONAL:

Male Female

Name: _____
 Last First Middle

Arizona Address: _____
 Street City State Zip Code

Other Address: _____
(if applicable) Street City State Zip Code

Home Telephone: (____) _____ Other telephone: (____) _____

Employer: _____ Other names you have used: _____

Your Date of Birth: ____ / ____ / ____ Email Address _____

Emergency Contact: _____ Contact’s telephone: (____) _____

Please check the box that best describes your ethnicity (optional):

- African American Asian Caucasian Hispanic
- Native American Other (please describe) _____

Referral Source (please check one):

- Self Referral Court Referral/Community Service
- Company Referral/Community Service School Referral/Community Service

GENERAL INFORMATION:

1. If accepted as a volunteer, can you certify that you are not awaiting trial on nor have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed below in this state or similar offenses in another state or jurisdiction?

- a. Sexual abuse or exploitation of a minor or vulnerable adult
- b. Incest
- c. First or second degree murder
- d. Kidnapping
- e. Arson
- f. Sexual Assault or rape
- g. Sexual exploitation of a minor, including commercial
- h. Manslaughter
- i. Burglary
- j. Robbery
- k. Child Abuse
- l. Sexual conduct with a minor
- m. Molestation of a child
- n. Aggravated assault, physical assault, or battery
- o. Commercial sexual exploitation of a vulnerable adult
- p. Spousal abuse
- q. Exploitation of minors involving drug offenses
- r. Contributing to the delinquency of a minor
- s. Child prostitution
- t. Abuse or molestation of a vulnerable adult
- u. Taking a child for the purpose of prostitution
- v. A dangerous crime against children including assault
- w. Felony offenses involving distribution of marijuana or dangerous or narcotic drug
- x. Registered or required to register on a State or National sex offender registry
- y. A crime against children, including child pornography
- z. Any drug related offense committed during the past 5 years

Yes, I can certify

No, I cannot certify

Volunteer’s Signature

Date

Education (highest level completed): _____

If you are currently a student, what school do you attend? _____

Do you have your own transportation? _____

Have you worked or volunteered here before? No Yes, when? _____

Why do you want to volunteer with our organization? _____

Coaches – please answer the next four questions.
How were you referred to our organization? _____

If volunteering to coach, have you coached for us before? (list Branch) _____

List your sports experience: _____

Which age group(s) do you prefer to coach? _____

Check those areas for assignment where you have experience or interest.
USE “S” FOR SKILL AND “I” FOR INTEREST

Fundraising or Administration:

- | | | |
|---|---|---|
| <input type="checkbox"/> Concession Sales | <input type="checkbox"/> Annual Auction | <input type="checkbox"/> BonVivant Food & Wine Fest |
| <input type="checkbox"/> Campaign For Kids | <input type="checkbox"/> Planned Giving | <input type="checkbox"/> Other Special Events |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Filing | <input type="checkbox"/> Answering Phones |
| <input type="checkbox"/> Graphic Art | <input type="checkbox"/> Mailings | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Computer Programming |
| <input type="checkbox"/> Data Input | <input type="checkbox"/> Typing | <input type="checkbox"/> Other _____ |

Professional or Program:

- | | | |
|--|---|--|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Teen Programming | <input type="checkbox"/> Prevention Programs |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Coaching Sports | <input type="checkbox"/> Sports Programs | <input type="checkbox"/> Counseling |

BOYS & GIRLS CLUBS OF THE EAST VALLEY
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VOLUNTEER APPLICATION

- Games room Activities Learning Center

- Leadership Training

Other _____

Maintenance:

- Carpentry Electrical Painting

- Lawn Maintenance Heat & Air Maintenance Other _____

List any additional achievements, abilities or activities that you consider relevant to your request to volunteer here such as computer language or software programs, foreign language (proficiency in speaking and/or writing), etc.

What type of work would you like to do here?

LOCATION & AVAILABILITY

Check those locations where you would like to volunteer:

- | | | |
|---|---|---|
| <input type="checkbox"/> Ladmo Branch-Tempe | <input type="checkbox"/> Stevenson | <input type="checkbox"/> Mesa Arts Academy |
| <input type="checkbox"/> Compadre Branch-Chandler | <input type="checkbox"/> North Tempe | <input type="checkbox"/> Apache Junction |
| <input type="checkbox"/> Guadalupe Branch | <input type="checkbox"/> Gilbert Branch | <input type="checkbox"/> Gila River--Sacaton |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Gila River--Komatke Branch | <input type="checkbox"/> Program Service Center |
| <input type="checkbox"/> G. Woods Branch-Mesa | <input type="checkbox"/> Queen Creek | <input type="checkbox"/> Globe |

Check the days you are available and note the best times for you:

BEST TIMES:

- | | |
|---|-------|
| <input type="checkbox"/> Monday | _____ |
| <input type="checkbox"/> Tuesday | _____ |
| <input type="checkbox"/> Wednesday | _____ |
| <input type="checkbox"/> Thursday | _____ |
| <input type="checkbox"/> Friday | _____ |
| <input type="checkbox"/> Saturday (if open) | _____ |
| <input type="checkbox"/> Sunday (if open) | _____ |

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VOLUNTEER
APPLICATION

Check the months and dates of the month you are available:

- January ___ to ___ February ___ to ___ March ___ to ___ April ___ to ___
 May ___ to ___ June ___ to ___ July ___ to ___ August ___ to ___
 September ___ to ___ October ___ to ___ November ___ to ___ December ___ to ___

REFERENCES:

Please list the names and telephone numbers of two personal, work, or school references not related to you. If coaching, please list two individuals that can attest to your coaching ability.

Name: _____ Telephone: (_____) _____

Name: _____ Telephone: (_____) _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application will be grounds for rejection of this application or for immediate dismissal, regardless of the time elapsed before discovery.

_____ In order to safeguard the well being of the youth served by our organization, I authorize the Boys & Girls Clubs of the East Valley to verify all information provided by me on this application. I hereby authorize any reference listed on this application and/or any educational entity or person on this application to disclose to the organization any and all letters, reports and other information related to my work or educational record, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers, all educational entities listed on this application and all other persons or organizations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that it is a requirement of the organization that all volunteers who work with or have contact with children must complete a background check.

_____ In consideration of being a volunteer for Boys & Girls Clubs of the East Valley, I do hereby assume the risk of injury and all medical expense incurred from any injury resulting from my volunteer participation. I understand, acknowledge and agree I am not covered by Workers' Compensation insurance or benefits provided thereunder. I hereby release, discharge and hold harmless Boys & Girls Clubs of the East Valley, its agents, Board of Directors, representatives and employees, from any and all claims whatsoever, known or unknown, for damages or injuries to myself. This waiver includes myself, my family members and descendants.

Signature of Applicant

Date

Volunteers will NOT begin working until application and background check have been processed and cleared.