



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Boys & Girls Club of Chaffee County. Please provide the following information so that we can find appropriate volunteer opportunities for you. *(You must complete all portions of this application. Items left blank may result in disqualification from consideration.)*

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternative Phone Number: _____

E-mail: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____ Alt. Phone: _____

Are you related to any youth served by the BGC or BGC employee? If yes, list names. _____

The Boys & Girls Club of Chaffee County has many programs and activities that may interest you. Please check any area in which you may be interested in volunteering.

__ Working with kids	__ Administration & Related
__ Homework help/Education __ Art (specify) _____ __ Technology (specify) _____ __ Digital/Computer instruction __ Share hobby/craft (specify) _____ __ Teen Program __ Mentoring __ Helping on field trips __ Other: _____	__ Office Help __ Special Events __ Data Entry/computer work __ Envelope Stuffing __ Help with lunch or snacks __ Drive Small Van (must have commercial driver's license) __ Other: _____

Do you have a preference in location?

- Salida
- Buena Vista
- Either

Please state any other information that would be helpful in determining a good volunteer placement for you (including type of volunteer work, ages of youth you most identify with, previous volunteering etc.)

What days and times would you be interested in volunteering? _____

What kind of time commitment are you willing to make?

- One time 6 weeks to 3 months 3-6 months
 6-9 month's 9-12 months Other time commitment

REFERENCES

Please provide the names of three individuals, not related to you whom you have known for a period of time, which can provide a reference. Do not leave any information blank.

Name	Address, City, State	Telephone (incl. area code)	Nature of relationship	Length of relationship

I authorize the Boys & Girls Club of Chaffee County to investigate all statements in this application. I also authorize Boys & Girls Club of Chaffee County to conduct a background check to include a criminal record check (if I am 18 or older) and reference check. I hereby acknowledge that I have read and understood the preceding statement.

Signature _____ Date _____

Equal Opportunity Statement: Qualified applicants receive consideration without discrimination because of gender, age, religion, marital status, sexual orientation, race, color, creed, national origin or disability.

**Please return along with the attached
 "AUTHORIZATION FOR BACKGROUND CHECK"**

**Boys & Girls Club of Chaffee County
 PO Box 1430
 Salida, CO 81201
 Attention: volunteering**

AUTHORIZATION FOR BACKGROUND CHECK

Personal Information

Last Name	First Name	Middle Initial
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Other Names (maiden and/or any names formerly used):

Last Name	First Name	Middle Initial
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Current Street Address	City	State	Zip Code
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Date of Birth: _____/_____/_____ City/State of Birth _____

Social Security Number: _____

List all previous addresses for the past five years:

Current Street Address	City	State	Zip Code
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Gender: _____ Male _____ Female

Race: _____ African American
_____ Asian/Pacific Islander
_____ Caucasian
_____ Hispanic
_____ Other

I authorize the Boys & Girls Club of Chaffee County to conduct a complete criminal history check on me as a basis of my placement as a volunteer with the organization. I understand that I am to report any changes in my criminal history to the Boys & Girls Club of Chaffee County Human Resources Department.

Signed Date

Office Use Only

__ Background Information Checked	Date: _____
__ Photo ID verified	
__ References checked by: _____	Date: _____
__ Volunteer Applicant : Accepted __ Rejected __	Date: _____
__ Volunteer Handbook Received: _____	
__ Initial Orientation: By: _____	Date: _____
__ Formal Orientation: By: _____	Date: _____