

Boys & Girls Club of Simi Valley

VOLUNTEER APPLICATION



Name _____ Date _____
 Address _____ Phone # _____
 City _____ Zip _____ Cell # _____
 Occupation _____ Work # _____
 Driver's License # _____ DOB _____
 Email Address _____

Do you have any past or present volunteer experience? No Yes If yes, please describe.

Do you have any experience with youth? No Yes If yes, please describe.

Are you affiliated with a club, service organization or do you serve on a board?

No Yes If yes, please describe. _____

Will your volunteer time fulfill school, service or other requirements?

No Yes If yes, please describe. _____

Availability:

Please indicate the times you are available in the spaces below. Most program activities occur Monday through Friday. Most special events and fundraisers are held Saturday or Sunday.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday *	Sunday *

Skills & Interests

Please indicate your interest and skill level so that we can place you in an appropriate area:

(X) HAVE INTEREST	(XX) HAVE EXPERIENCE	(XXX) HAVE TEACHING SKILL
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Arts & Crafts	
Caligraphy	_____
Sculpturing	_____
Sketching	_____
Painting	_____
Photography	_____
Other	_____
_____	_____

Performing Arts	
Dance	_____
Theater	_____
Singing	_____
Music	_____
Acting	_____
Magic	_____
Other	_____
_____	_____

Health & Fitness	
Nutrition	_____
Sports	_____
_____	_____
Coaching	_____
_____	_____
Refereeing	_____
Other	_____
_____	_____

Teen Programs	
Planning	_____
Chaperoning	_____
Mentoring	_____
Money Mngt.	_____
Job Shadow	_____
Career Expo	_____
Other	_____
_____	_____

General Skills	
Counseling	_____
Story Telling	_____
Billiards	_____
Table Tennis	_____
Chess	_____
Other	_____
_____	_____

Special Talents	
Menotring	_____
Martial Arts	_____
Tutoring	_____
Comp/Tech	_____
Newsletter	_____
Social Media	_____
Other	_____
_____	_____

Fundraising Events	
Auction	_____
Golf Tourn.	_____
Casino Night	_____
Garage Sale	_____
Mud Run	_____
Car Show	_____
Other	_____
_____	_____

Office Skills	
Organizing	_____
Cleaning	_____
Filing	_____
10 Key	_____
Copying	_____
Misc.	_____
Other	_____
_____	_____

Other Skills/Interests	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Personal Information and References

Emergency Contact:

Name _____ Relationship _____
 Phone # _____ Alt. # _____

Current Employer:

Comp. Name _____ Contact Name _____
 Phone # _____ Alt. # _____
 Address _____ City _____ State _____ Zip _____

Would you like us to notify your employer of your volunteer service?

Yes No If no, Why? _____

Special Restrictions/Circumstances:

Please list any restrictions, circumstances, medications, allergies, or physical limitations.

Personal References:

Please list the names and phone numbers of two people who know you well and can attest to your character, skill and dependability. (Please do not list relatives)

Reference #1

Name _____ Relationship _____
Phone # _____ Alt. # _____
Address _____ City _____ State _____ Zip _____

Reference #2

Name _____ Relationship _____
Phone # _____ Alt. # _____
Address _____ City _____ State _____ Zip _____

Additional Information:

Please circle the applicable response. Please use a separate sheet of paper to explain any yes responses.

Do you currently use illegal drugs? Yes No

Have you ever been convicted of a criminal offense? Yes No

Have you ever been convicted of child abuse or neglect or is there a pending criminal charge against you for child abuse or neglect? Yes No

Has your driver's license ever been suspended or revoked? Yes No

Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of minors? Yes No

How long have you lived in this state? _____

What state did you live in previously? _____

Understanding and Authorization

I certify that all the answers on the 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 agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers and references listed to give you any and all information concerning my education, employment and fitness to work with children and young people. I further agree to release and hold harmless the Boys & Girls Club of Simi Valley, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature _____ Date _____

If you are a minor, under the age of 18 years-old, parent/guardian signature is required.

Parent Name _____

Parent Signature _____ Date _____

ATTENTION VOLUNTEERS

We have been informed by our insurance company that because you are not an employee, worker's compensation is not provided for you by our organization.

Signature _____ Date _____

Please return to: Boys & Girls Club of Simi Valley, 2850 Lemon Dr, Simi Valley, CA 93063

-----For Office Use Only-----

Personal References Checked: #1 _____ #2 _____

Fingerprint form issued : _____ Received _____

First Advantage Check: _____ Confirmed _____

U.S.Dept. of Justice NSO Search _____

Volunteer Accepted/Denied: _____ Notified _____

Orientation Date/Time: _____

Placement Start Date: _____

Volunteer Position: _____

Staff Member Contact: _____

Schedule: _____

Notes: _____