



**BOYS & GIRLS CLUBS
OF HALL COUNTY**

VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

HP _____

WP _____ BIRTHDATE _____

EMPLOYED? _____ IF YES, WHAT ARE YOUR HOURS? _____

EMPLOYER'S NAME _____

EMPLOYER'S
ADDRESS _____

DOES YOUR COMPANY/ORGANIZATION HAVE A NEWSLETTER? Yes _____ No _____

EMERGENCY CONTACT PERSON _____

Address _____

Phone Number: (Day) _____ (Evening) _____

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR OUR
ORGANIZATION? _____

PREVIOUS OR PRESENT VOLUNTEER JOBS:

Title _____ Dates: _____ To _____

Organization _____

Address _____

Supervisor _____

Duties _____

Title _____ Dates: _____ To _____

Organization _____

Address _____

Supervisor _____

Duties _____

REFERENCES

(Give names/addresses of 3 persons [not relatives] having knowledge of your character, experience and ability)

NAME	ADDRESS/CITY	PHONE

SKILLS AND INTERESTS

Education

Background: _____

Current

Occupation: _____

Hobbies,

Interests, Skills: _____

Is there a particular type of volunteer work in which you are interested?

(Check all that apply):

Working one-one with youth

Leading a small group

Doing an individual project

Other

Working directly with a staff person as an assistant

Doing public speaking, Fundraising, etc.

Coaching, teaching, demonstrating

No preference

Is there a person or group with whom you are particularly interested in working? (Check all that apply)

Adults Males

Teens

No Preference

Females

Children

Other _____

Are there any groups you would not feel comfortable working with?

No Yes

Explain _____

AVAILABILITY

At what times are you interested in volunteering?

I am flexible

Prefer weekdays

Prefer evenings

Prefer weekends

Prefer days

Other

There are times during a week that I cannot do volunteer work: _____

Do you have a geographic preference as to where you would like to volunteer?

No Yes Explain _____

Do you have access to an automobile you can use for volunteer work?

No Yes Occasionally

How did you hear about us?

Media/Advertisement

Volunteer Bureau

Referred by friend/Volunteer

Other

From Club member

SIGNATURE

Received by _____ Date _____
Referred to _____ Club _____
Orientation Date _____ Started _____
(Date) _____

CONSENT FORM

I hereby authorize Boys & Girls Clubs of Metro Atlanta to receive any criminal history record information pertaining to me which may be in the files or any state of local criminal justice agency in Georgia.

(PLEASE PRINT)

Name _____ Sex _____ Race _____ Date of Birth _____ Social Security # _____

Address _____

Signature _____ Notary _____

Date

Dear Prospective Volunteer:

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

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

Thank you for your understanding of both the need and the time (approximately 2 weeks) it will take to process your placement.

TALENT RELEASE

I understand that photographs or videotapes may be made of my volunteer activities at Boys & Girls Clubs. I authorize Boys & Girls Clubs, without limitation, to copy, publish, exhibit, or distribute such photographs or videotapes for the purpose of reporting or promotion of volunteerism. I waive all rights or claims I may have against your organization, and/or its agents, subsidiaries, or assignees related to the above photos and videotapes.

Signature _____ Date _____