



BOYS & GIRLS CLUB
OF DOUGLAS

VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Physical Address: _____ PO Box # _____

City/State/Zip: _____

Home Ph: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Ph: _____ Relationship: _____

How did you hear about volunteer opportunities at the Boys and Girls Club? _____

A background check is required by Boys & Girls Club of Douglas, for all volunteers over 18 years of age.

I _____ give permission to Boys & Girls Club of Douglas to submit my information for a background check. Social Security # _____

Signature: _____ **Date** _____

SKILLS AND EXPERIENCE

What is your educational background? _____

What are some hobbies/interests/activities you enjoy? _____

In what areas of the Club would you like to volunteer? _____

Do you have any volunteer experience? If yes, please describe: _____

Do you have experience working with children? If yes, what age groups and in what capacity: _____

What type of time commitment are you willing and able to make?

Hours per week: _____ Length of time: < 1 mos. 1-3 mo. 3-6 mo. 6-9 mo. > 9 mo.

(Please circle)

AVAILABILITY

During the School Year the Club operates Monday – Friday 3:00 – 6:00 PM

During the School Year when there are no school days the Club operates 7:45 AM – 6:00 PM

During Summer Vacation the Club operates Monday – Friday 7:45 AM – 5:30 PM

Please mark the hours you are available to work behind each day.

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

OFFICE USE ONLY

Application Date: ___/___/___

Background Check: _____ Date: ___/___/___

Orientation Complete: ___/___/___