

|  |
| --- |
| Volunteer Interest Form |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Monday (AM / PM) Time: \_\_\_\_\_\_ | Tuesday (AM / PM) Time: \_\_\_\_\_\_ |
| Wednesday (AM / PM) Time: \_\_\_\_\_\_ | Thursday (AM / PM) Time: \_\_\_\_\_\_ |
| Friday (AM / PM) Time: \_\_\_\_\_\_ | Saturday (AM / PM) Time: \_\_\_\_\_\_ |
| **Ages Group desired to work with**: \_\_\_\_\_\_\_\_\_  | **Location**: \_\_\_Berkley Unit / \_\_\_Diggs Town |

## Interests & Opportunities (Inside the Club)

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| **❏**Help in Classroom **❏** Tutoring(Select: Reading:\_\_\_\_ Math: \_\_\_\_) |
| **❏**Gardening Club **❏** Help with decorating Bulletin Boards |
| **❏**Coaching Sports(Basketball/Soccer/Baseball) **❏** On-Call Volunteer |
| **❏**Referee **❏** Mentorship |
| **❏**Kids Café **❏** Reading Program |
| **❏**Dance  **❏** Step Team |
| **❏**Cheerleading **❏** Special Events |
| **❏**Help with Club Community Service Projects **❏** Office Work |
| **❏**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## One Time Opportunities

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| **❏**Golf Tournament) |
| **❏** Thanksgiving Program & Dinner  |
| **❏** Breakfast with Santa  |
| **❏** Christmas Program & Dinner |
| **❏**Martin Luther King Week  |
| **❏**Valentine’s Sweetheart Dance  |
| **❏**Black History Program  |
| **❏**Green & White Challenge  |
| **❏**Earth Day Project  |
| **❏**Youth Investment Dinner  |
| **❏**End of the Year Program  |
| **❏**Fishing Tournament  |
| **❏**All Hands In Back to School Bash  |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (Printed) |  |
| Signature |  |
| Date |  |

***“Great Futures Start Here”***



*BACKGROUND VERIFICATION AUTHORIZATION*

(Only C.E.O. / Office Manager/Human Resources view the information below. If you are not selected for the volunteering position, this form is shredded and not retained in our files.)

**Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last First Middle**

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Race:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maiden or alias names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Social Security Number:** \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

**Please list addresses and dates for the past 5 years:**

**Current:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the Southside Boys & Girls Clubs to make an independent investigation of my background, reference, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications to volunteer.

I release the Southside Boys & Girls Club and any person or entity which provides information pursuant to this authorization, from any and all liability, claims, or law suits in regard to the information obtained from any and all of the above referenced sources. I understand that any offer to volunteer is contingent on a satisfactory background investigation. I also understand that this form will be kept in my volunteer file. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***“Great Futures Start Here”***



**Sworn Statement or Affirmation State License Requirements**

PLEASE PRINT NEATLY

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name First Middle Maiden Social Security Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Licensed/Registered Street, P.O. Box#, Apt. # City State Zip Code**

**Approved Facility/Provider**

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth?

 **Yes** (convicted in Virginia) **Yes** (Pending in Virginia) **No**

**If yes or pending, specify crime(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Yes** (Convicted outside of Virginia) **Yes** (Pending outside Virginia) **No**

**If yes or pending, specify crime(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Have you even been the subject of founded compliant of child abuse or neglect within or outside the Commonwealth?

 **Yes** (In Virginia) **No** (In Virginia) **Yes** (outside Virginia) **No** (outside Virginia)

**If yes or pending, specify state, or other location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date