



BOYS & GIRLS CLUBS
OF UNION COUNTY

V.I.P. Program APPLICATION FOR VOLUNTEER

PLEASE PRINT CLEARLY

Date: _____

NAME: _____ PHONE # _____
Last First

ADDRESS: _____ WORK # _____

CITY: _____ STATE: _____ ZIP CODE: _____

EDUCATION (Circle Years Completed)

High School 1 2 3 4 Trade School _____ College 1 2 3 4 5 6 7

College Major/Minor _____

Professional Licenses _____

OCCUPATION: _____ EMPLOYER _____

VOLUNTEER EXPERIENCE

1. Agency _____ How Long? _____ Telephone # _____

Address: _____ City _____ State _____

2. Agency _____ How Long? _____ Telephone # _____

Address: _____ City _____ State _____

AREAS OF SKILLS AND INTERESTS (please check all that apply):

Learning Center

- Mentors
- One-on-one Tutoring
- Homework Help
- Computer Center
- Storytelling
- Educational Games
- SAT Preparation
- Guest Speaker
- Career Opportunities
- Drug & Alcohol Preven.
- Job Skills
- Health & Nutrition
- Conflict Resolution
- Beauty & Hygiene
- Other

Physical Education

- Coaches & Asst.
- Officials
- Referees
- Lifeguards & Swim Assis.
- Timekeepers
- Scorekeepers
- Other
- Administrative Needs
- Data Entry
- Typing
- Poster Making
- Bulletin Boards
- Corporate
- Website Design
- Other

Social & Cultural

- Table Games
- Arts & Crafts
- Drama, Voice
- Musical Instruments
- Teen Club (14-18)
- Kids Club (11-13)
- Other
- Misc. Help
- Chaperone
- Event Set-up
- Groundskeepers
- Maintenance
- Fund Raising – Bingo
- Other

AGES YOU PREFER TO WORK WITH: (Please check one)

___ 5-7 ___ 8-10 ___ 11-13 ___ 14-18 ___ Adults

REFERRED BY: _____

PERSON TO BE CONTACTED IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

AVAILABILITY:

Weekdays: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Hours: _____ am until _____ pm **Total Hours/week** _____

Weekends: ___ Saturday ___ Sunday

Hours: _____ am until _____ pm **Total Hours/week** _____

When can you start? Date & Time: _____

BACKGROUND VERIFICATION:

- 1.) Have you ever been charged with neglect, abuse or assault of any kind? Yes No
- 2.) Has your driver's license ever been suspended or revoked? Yes No
- 3.) Do you use illegal drugs? Yes No
- 4.) Do you have any physical limitations which might limit your ability to perform certain types of activities? Yes No

5.) How many languages do you speak? _____ What are they? _____

NON-FAMILY REFERENCE INFO:

Name _____ Phone # _____

Relationship: _____ May we contact him/her? (Please circle one) Yes No

By signing below, I am verifying that the above answers are to the best of my knowledge truthful and that I have not withheld any pertinent information. I understand that I may be subject to further inquiry due to any direct interaction with children.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY VOLUNTEER OFFICE:

Interview Date: _____ Orientation Date: _____

Start Date: _____

Volunteer Assignment: _____