



**BOYS & GIRLS CLUB  
OF WESTMINSTER**

## Boys & Girls Club of Westminster Volunteer Application

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

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

Will your volunteer time fulfill school, community service or court ordered required time? 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 2:30pm-6pm. Most special events and fundraisers are held Saturday or Sunday.*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Boys & Girls Club of Westminster Volunteer Application Skills & Interests**  
(X) HAVE INTEREST (XX) HAVE EXPERIENCE (XXX) HAVE TEACHING SKILL

**Arts & Crafts-**

**Health & Physical Ed.-**

**Performing Arts-**

**General Skills-**

**Special Talents-**

**Office Skills-**

**Other Skills/Interests-**

**Personal Information and References**

**Emergency Contact:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Current Employer:**

Co. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_

**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)*

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**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 Westminster, 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 \_\_\_\_\_

***Please return to: Boys & Girls Club of Westminster MD 21157***

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

Personal References Checked: #1 #2 \_\_\_\_\_

Police Record Check Sent: Confirmed \_\_\_\_\_

Volunteer Accepted/Denied: Notified \_\_\_\_\_

Orientation Date/Time: \_\_\_\_\_

Placement Beginning Date: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Staff Member Contact: \_\_\_\_\_

Schedule: \_\_\_\_\_

Notes: \_\_\_\_\_

**APPLICANT RELEASE AND AUTHORIZATION FORM**

I hereby authorize Boys & Girls Club of Westminster or other authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services note below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**(18 or under)**

Please Provide Minimum 7 Years of Residential History Below

**(Please Print Clearly)**

Name (First, Middle, Last): \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec. No: \_\_\_\_\_

(1)Current Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

(2)Previous Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

(3)Previous Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_