

**BOYS & GIRLS CLUBS OF THE CENTRAL GEORGIA**  
**VOLUNTEER APPLICATION**

PRINT Last Name	First Name	Middle	Date of Application
Street Address			Primary Phone
City	State	Zip Code	Alternate Phone
Email Address			Business Phone
Emergency Contact Name			Emergency Contact Phone
Name of Current Employer or School			Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been EMPLOYED with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, when?		Which location?	
Have you ever VOLUNTEERED with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, date(s):			
Type of volunteer			
<input type="checkbox"/> General Club <input type="checkbox"/> Coaching <input type="checkbox"/> Special Event <input type="checkbox"/> Corporate Team Project <input type="checkbox"/> Tutor/Homework Help (complete below) <input type="checkbox"/> Special Program <input type="checkbox"/> Guest Speaker <input type="checkbox"/> Other – please list _____			
<b>Tutor Volunteers Only</b>			
Years of schooling completed since high school? _____			
List your major and/or minor areas of study in college: _____			
Subject areas you feel VERY comfortable teaching: _____			
Not so comfortable: _____			
List age/grade you prefer to teach: _____			
Any additional information you feel would be helpful for club staff: _____			
REFERENCES Complete information for at least three references Former employers/supervisors are preferred			
Name	Kind of Reference (personal or Professional)	How do you know this person? (e.g. Supervisor, Co-Worker, Friend, please explain)	Phone Number (REQUIRED)

Have you been arrested for any crime within the past three (3) years? Yes  No

My signature below certifies:

All statements and information submitted on this application are true and correct. I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check (s). I also release such agencies from liability for any information that they may provide. I understand that BGCCG is an At-Will employer/volunteer agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BGCCG CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone except:

- 1. As mandated by law.**
- 2. To prevent clear and immediate danger to a person or persons.**
- 3. Where I am compelled to do so by a court or pursuant to the rules of a court.**

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality towards the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within the organization. I understand that violations of this confidentiality statement may be grounds for immediate dismissal.

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Signature

Date

WAIVER & RELEASE OF LIABILITY

\_\_\_\_\_ (Initial) I hereby release the BGCCG, its employees, officers, volunteers and agents from any and all claims, demands, rights, and causes of action that might arise from my volunteer work with the BGCCV. I am assuming the risk for any injury that may occur.

\_\_\_\_\_ (Initial) I understand that it is my desire to further the work of the BGCCG by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan. I acknowledge that I am not acting as an employee of the BGCCG. I also acknowledge that I would not be covered under the BGCCG Worker Compensation Plan.

\_\_\_\_\_ (Initial) I agree that all personal possessions/property kept in the BGCCG buildings, on BGCCG property, and on any property used by the BGCCG are my own responsibility. BGCCG will not be held liable for any damage, loss, or theft.

\_\_\_\_\_ (Initial) I understand that BGCCG provides charitable services to the public and does not pre-screen members.

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Signature

Date

Background Check Information

Office use only:

Club Location: \_\_\_\_\_

Volunteer Type: \_\_\_\_\_

*The Club will cover cost of background check  
Please complete it completely, legibly, and accurately. Thank you.*

FULL NAME: \_\_\_\_\_

Maiden Name or Alias Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My signature below evidences that I am being considered as a volunteer for The Boys & Girls Clubs of # 8 , and that I hereby authorize them to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

I further understand that information obtained during the investigations may be used as a basis for the denial of appointment or reappointment, as well as termination when appointed as a volunteer pending completion of my records check investigation.

I understand that refusal to sign this release will result in termination of this application process. All information I hereby authorize to be obtained will be held confidential.

I understand that any offer of volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept on file as a volunteer. 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. I understand that background checks will be conducted in the future using the same authorization form as a release and permission for doing so.

I understand that my photo may be taken and published as a volunteer with BGCCG.

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

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_  
(In case of illness or injury)

