



BOYS & GIRLS CLUB OF THE OZARKS

VOLUNTEER/SERVICE APPLICATION

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____ AGE: _____

ADDRESS: _____
Street City State Zip

PHONE #: _____
Home Cell

THREE PERSONAL REFERENCES:

1. _____ PHONE #: _____

2. _____ PHONE #: _____

3. _____ PHONE #: _____

Have you ever been arrested or convicted of a crime dealing with drugs or crime(s) against adolescents? YES NO

If yes, please give explanation: _____

I certify that the information submitted by me on this application is true and complete. I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected, and my status as a volunteer may be terminated at any time. In consideration of my volunteering, I agree to conform to the National Boys & Girls Club Rules and Regulations for Volunteers.

SIGNATURE: _____ DATE: _____

*NOTE: In case of emergency, please notify:

NAME: _____ DATE: _____

I AGREE TO THE FOLLOWING RULES AND REGULATIONS:

Disorderly conduct, such as profanity, obscene behavior, or any conduct which is disruptive to the orderly running of the Club, is prohibited.

Verbal abuse, such as statements intended to intimidate, demean or injure another person, is strictly prohibited.

NO gang related colors, tags, symbols, or apparel will be permitted. (NO sagging pants, etc. Hats, bandannas, scarves, headbands, or other headwear may not be worn in the building.)

Volunteers must comply with the Club's dress code, and extremes in wearing apparel or personal appearance which interferes with the learning environment, health, safety, or general welfare will not be considered as acceptable.

Inappropriate displays of affection, such as, holding a child on your lap, hugging with your hands placed on a child's body, touching of any sort are strongly prohibited.

Discipline is to be discussed with and handled by the proper staff member on duty.

Alcohol/drug use or suspected use will result in the notification of the proper authorities.

Tobacco use is only allowed in appropriate areas of the property.

- Remember:
- (a) Interact with the children in the area where you are assigned in a kind, courteous manner.
 - (b) Do not lose your temper but be in control of yourself at all times.
 - (c) Remember the age of the group you are working with and do not go to the extreme of pushing the child to win at any cost.
 - (d) Treat every child fairly and allow them to have an equal chance.
 - (e) "Winning" is achieved through your ideals, actions, and words...not by where you are placed.
 - (f) Support the ideas and purposes of the Boys & Girls Club of America.

Remember that the Boys & Girls Club reserves the right to terminate your volunteer services at any time.

NAME: _____ DATE: _____



VOLUNTEER INTEREST SURVEY

Name: _____ Club: _____

Thank you for choosing to volunteer your time with the Boys & Girls Club of the Ozarks. Please tell us a little more about you so that we might match you up with a service opportunity that is most fitting for your talents and interests.

How would you like to volunteer: _____

What are some extracurricular events that you are interested in: _____

Do you prefer to work directly with children? ☐ Yes ☐ No

If **"No,"** which of these areas interests you the most?

- ☐ Filing, stuffing envelopes, general administrative work
- ☐ Typing, data entry, computer work
- ☐ Making repairs, mopping, general maintenance work, landscaping
- ☐ Stocking shelves, organizing closets, serving meals, dishwashing

If **"Yes,"** which of these areas interests you most?

- ☐ Arts & Crafts
- ☐ Music and theater
- ☐ Athletics
- ☐ Technology
- ☐ Reading/creative writing
- ☐ Puzzles, small group games
- ☐ Pool, air hockey, table games
- ☐ Gardening
- ☐ Teaching/leading activities
- ☐ Rock-Climbing
- ☐ Fitness
- ☐ Outdoor education

Other _____

Which age group do you relate to the best?

- ☐ Cadets (K-2)
- ☐ Preps (3-4)
- ☐ Tweens (5-6)
- ☐ Teens (13 and up)
- ☐ No preference

What times would you be available to volunteer?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Final Schedule (confirm with Volunteer Coordinator)

Start date: _____ Will volunteer through:_____



Medical Release Form

I do hereby release the Boys & Girls Club of the Ozarks, its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident which may occur while I am on any property owned, leased, on under the control of the above. I understand that the Boys & Girls Club of the Ozarks does NOT have any medical or accident insurance which will cover any costs incurred by me in the event of an accident. I understand that I should provide my own medical and/or accident insurance and coverage.

In witness thereof, I have executed the release _____ day of _____, 20__

Signature: _____

AUTHORIZATION BY APPLICANT/EMPLOYEE/VOLUNTEER TO CONDUCT BACKGROUND INVESTIGATION

By signing below, you acknowledge receipt of the document entitled FCRA NOTICE REGARDING BACKGROUND INVESTIGATION and the disclosure entitled A Summary of your Rights Under the Fair Credit Reporting Act and acknowledge that a background check will be conducted by the Boys & Girls Club of the Ozarks.

I understand that the scope of my authorization is not limited to the present and, if I am hired, will continue throughout the duration of my employment or volunteerism and allow the Boys & Girls Club of the Ozarks to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by me in writing.

I hereby authorize the obtaining of consumer reports by the Boys & Girls Club of the Ozarks at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage and/or the Boys & Girls Club of the Ozarks.

Signature

Date

Printed Name

BOYS & GIRLS CLUB OF THE OZARKS

BACKGROUND SCREEN – PERSONAL DATA REGISTRATION

Last Name

First Name

Middle

Current Address, City, State, Zip

SSN

DOB

Other Names Used
(Including Maiden Name)

Driver License #

DL State Issued

Phone

Email

Admin Use Only

Unit (Circle One): BC FC RS CC

Position: _____

Purpose (Circle One): Employee Volunteer Board