



**FOR OFFICE USE ONLY**

Current Driver's License/State Issued ID \_\_\_\_\_ YES  
Social Security Card (original) \_\_\_\_\_ YES

Staff Initial \_\_\_\_\_ Date \_\_\_\_\_

***This document contains sensitive information and will be shredded or kept in secured files.***

# **VOLUNTEER APPLICATION**

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Club Site

\_\_\_\_\_  
Date

## **Applicant Instructions**

If you need help filling out this application form or any phase of the placement process, please notify the person that gave you this form and every reasonable effort will be made to accommodate your needs.

- **Complete all pages**
- **If more space is needed, please attach the additional page(s)**
- **Print clearly; incomplete or illegible applications will not be reviewed or considered**

Date available to begin volunteering? \_\_\_\_\_

Have you ever worked for a Boys & Girls Club before? \_\_\_\_\_

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for placement. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after placement, terminating placement. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to or after placement.

## APPLICANT IDENTIFICATION

Name (PRINT): \_\_\_\_\_

First

Middle

Last

Present Address:

\_\_\_\_\_

Number

Street

City

State

Zip

Prior Address:

\_\_\_\_\_

Number

Street

City

State

Zip

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**SECURITY**

Consistent with relevant law, the information on this application will not be disclosed to unauthorized persons. (Circle Y for YES or N for NO)

**Y N** Have you used any other names or Social Security numbers other than those listed above? If yes, please list the complete name, number and dates of use.

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

Other SS#: \_\_\_\_\_ Other SS#: \_\_\_\_\_

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

List all states and counties in which you have lived since the age of 18 (list most recent first).

A) State \_\_\_\_\_ County \_\_\_\_\_ B) State \_\_\_\_\_ County \_\_\_\_\_

C) State \_\_\_\_\_ County \_\_\_\_\_ D) State \_\_\_\_\_ County \_\_\_\_\_

**REFERENCES**

**LIST THREE**

**(2 Professional and 1 Personal)**

**(1)** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Phone \_\_\_\_\_

**(2)** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Phone \_\_\_\_\_

**(3)** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Phone \_\_\_\_\_

**DISCIPLINARY AND LEGAL BACKGROUND (Circle Y for YES or N for NO)**

**Y N** As an employee or volunteer of the Boys & Girls Clubs of Wayne County, Inc., do you agree to observe all guidelines and policies regarding working with members?

**Y N** Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? ***You will need to answer "yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge.*** If you have been convicted of such an offense, please explain in the space below including the nature of offense, date, court where conviction was entered, and any other relevant information.

If selected yes, please explain:

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**Y N** Have you ever been charged with a sexual offense, offense relating to children, or crime of violence? If you have been charged with such an offense, please attach a statement of explanation, including the nature of offense charged, date, law enforcement agency making the charge, and other relevant information.

**Y N** Have you ever been reported to a social agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? If so, provide a brief description of the circumstances, name and address of the entity receiving the report.

**Y N** Have you ever been disciplined or dismissed from employment or a volunteer position by an employer, including charitable and religious organizations, following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct? If so, please describe the circumstances and the name and address of the employer.

**Y N** Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children? If so, please describe the circumstances and provide the name and address of the employer, educational institution, or other organization where the lawsuit, investigation, or allegation arose or occurred. Explain how the lawsuit was resolved.

**Y N** Have you ever been the subject of a complaint or discipline proceeding against a professional license or other license held by you? If so, give the name and address of the organization and explain how the proceeding was resolved.

**Y N** Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit, as a result of an accident or mishap involving children or adults in your care? If so, please describe the circumstances and provide the name and address of the employer or organization with which you and/or the children were associated at the time of the incident. Explain how the incident was resolved

**Y N** Do you have any investigation, review, or disciplinary action pending by an employer or organization in which you volunteered, licensing authority, or professional association for sexual misconduct, violence, or misconduct involving children?

## EDUCATION

Indicate highest grade completed:            9    10    11    12    13    14    15    16 +

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College/Community College	City & State	Graduate Date	Degree
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Trade School/Other \_\_\_\_\_

High School \_\_\_\_\_

## SKILLS

List any skills or qualifications that you feel would be of value to the organization:

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List any hobbies, activities, or experiences that might provide skills or knowledge helpful in this position:

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## VOLUNTEERING INTERESTS

Please circle which Club Program Areas interests you:

Power Hour (homework help)	Arts & Crafts	Computer Lab	Gym
Sports Teams	Club Events		

Please circle which grade level are you most interested in volunteering with:

K    1st    2nd    3rd    4th    5th    6th    Teens

**LICENSE & CERTIFICATIONS**

Please identify all professional and other licenses or certificates you currently hold or have held in the past (Copies may be attached to this application)

Type \_\_\_\_\_

License/Certificate # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Issued By \_\_\_\_\_

Type \_\_\_\_\_

License/Certificate # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Issued By \_\_\_\_\_

**APPLICANT'S STATEMENT**

I hereby authorize all employers, organizations, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

In consideration of the receipt and evaluation of this application by Boys & Girls Clubs of Wayne County, I hereby release the Club and any individual, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.**

I understand and agree that it is critical to Boys & Girls Clubs of Wayne County that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality when clients or minors are involved. I affirm that I will strictly comply with Boys & Girls Clubs of Wayne County policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the discretion of Boys & Girls Clubs of Wayne County.

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, Boys & Girls Clubs of Wayne County may determine that I am no longer qualified to be associated with its programs as an employee or volunteer in any capacity.

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Applicant's Signature

Date

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Applicant's Name - Printed

## CRIMINAL BACKGROUND CHECK AND BARRIER CRIME POLICY

The Club is committed to selecting and retaining the best staff and volunteers to serve its youth. As part of the initial selection process and on an on-going annual basis, Clubs will conduct background checks in accordance with the following policy:

The Club will conduct criminal background checks on all employees and volunteers, including minors, who have direct, repetitive contact with children. Name-based or fingerprint-based record searches may be used in any combination but shall, at a minimum, (a) verify the person's identity and legal aliases, (b) provide a national Sex Offender Registry search, and (c) provide a national criminal record search. Such checks shall be conducted prior to employment and at regular intervals not to exceed twelve (12) months to ensure employees and volunteers remain in compliance.

All background check findings shall be considered when making employment or volunteer decisions. It is the policy of the Club that an employee or volunteer will be automatically **ineligible** for employment or volunteer service, if such individual:

1. Refuses to consent to a criminal background check,
2. Makes a false statement in connection with such criminal background check,
3. Is registered, or is required to be registered on a State or National sex offender registry,
4. Has been convicted of a felony consisting of but not limited to:
  - Murder
  - Child abuse
  - Domestic violence
  - Abduction or human trafficking
  - A crime involving rape or sexual assault
  - Arson
  - Weapons
  - Physical assault or battery
  - Drug possession, drug use or distribution of drugs in the last five years;
6. Has been convicted of any misdemeanor or felony:
  - Against children, including child pornography
  - Cruelty to animals

***I have read and understand the Criminal Background Check and Barrier Policy.***

***For continued employment, return this document, signed and dated, to the Administrative office.***

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**Print Name**

**Signature**

**Date**



**BACKGROUND CHECK PERMISSION FORM**

In connection with my application for placement, I understand that an investigative report will be requested that includes information as to my character, work habits, performance, and experience along with reasons for disciplinary action or termination of past employment. I understand that as directed by policy and consistent with the job described, you may be requesting information from public and private sources about my criminal record, driving record, education, and previous employment.

The fact applicants have a criminal record will not be an automatic bar to employment or volunteer work. Factors such as age at the time of the criminal offense, seriousness and nature of the violation, time elapsed and subsequent rehabilitation will be considered.

I acknowledge that a telephonic facsimile (fax) or photographic copy shall be valid as the original. This release is valid in most federal, state, and county agencies.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, or other organization or person contacted by the employer or its agent to furnish the information described above.

Law enforcement agencies and other entities for positive identification purposes require the following information when checking records. It is confidential and will not be used for any other purpose.

**BACKGROUND CHECK PERMISSION SIGNATURE FORM**

Name (Print Clearly):

\_\_\_\_\_

First Middle Last

Print other names you have used:

\_\_\_\_\_

First Middle Last

Address:

\_\_\_\_\_

Number Street City State Zip

International Address: If Applicable

\_\_\_\_\_

DOB\*: \_\_\_\_\_ SS# \_\_\_\_\_

*\*Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.*

Name as Appears on License/ID

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