



Volunteer Application

Serving the Brigham City, Tremonton & Logan Areas
Main Office, 641 E 200 N Brigham City, Utah 84302
435-723-6224; www.bcbclub.org
Original must be turned in at a Club Site.

Name: _____
Last Name First Name Middle Name

M or F

Address: _____
Street # and Name Apt. #

_____ City State Zip

Home Phone: _____ Work Phone: _____

Employer: _____ Position: _____

Birth Date: _____ SS#: _____

Driver's License #: _____ State Issued: _____

If a Student,
School: _____ Phone: _____

Contact/Counselor: _____

WHAT INTEREST(S) OR EXPERIENCE(S) DO YOU WISH TO APPLY IN YOUR VOLUNTEER WORK?

- | | |
|------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Arts & Crafts Instruction/Support | <input type="checkbox"/> Painting & Cleaning Facilities |
| <input type="checkbox"/> Theater or Music Production/Support | <input type="checkbox"/> Newsletter/Written Communications |
| <input type="checkbox"/> Homework Assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Reading Assistance | |
| <input type="checkbox"/> Recreation & Sports Instruction/Support | |
| <input type="checkbox"/> Computer Technician Instruction/Support | |
| <input type="checkbox"/> Technology Repairs | |
| <input type="checkbox"/> Vehicle Maintenance | |
| <input type="checkbox"/> Office Work | |
| <input type="checkbox"/> Providing Mentoring/Counseling | |
| <input type="checkbox"/> Assisting With Special Needs Members | |
| <input type="checkbox"/> Minor Plumbing/Electrical Repairs | |
| <input type="checkbox"/> General Facilities Maintenance | |
| <input type="checkbox"/> Soliciting Donations | |
| <input type="checkbox"/> Outreaching to the Community | |
| <input type="checkbox"/> Language Training | |

What else we should know about you & your skills or interests:

What days would you prefer to volunteer?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What time of day do you prefer to volunteer? 10-12 am _____ 1-3 pm _____ 3-6 pm _____

What age group do you prefer to work with? Kindergarten-2nd Grade _____ 3rd Grade-5th Grade _____
6th Grade-7th Grade _____ 8th Grade-12th Grade _____ Other: _____

What site would you prefer to work at? _____

Do you have any medical conditions that are noteworthy? _____ Yes _____ No (If yes please explain)

Do you expect to be available:

3 Months: _____ 6 Months: _____ 1 Year: _____ Other: _____

Have you EVER been convicted of a crime or offense, except for minor traffic violations? _____ Yes
_____ No

(If yes, please explain below.)

Please list 3 professional references below:

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Your signature below confirms that the above stated information is true and current to the best of my knowledge, and I have not deliberately withheld any information that could affect my chance to volunteer. I understand that falsified or undisclosed pertinent information can result in my dismissal from volunteering with the Boys & Girls Club of Northern Utah. Your signature below confirms that you understand (a) that information you may learn about members of the Boys & Girls Club of Northern Utah is confidential; (b) that contact with members outside of the Boys & Girls Club of Northern Utah activities is not permitted, and (c) that the Boys & Girls Club of Northern Utah, its personnel and the Board of Directors are not responsible for any injury to you which occurs due to your involvement with the Boys & Girls Club of Northern Utah. All volunteers must pass a background check prior to working at the Boys & Girls Club of Northern Utah, within any of its programs or at any of the sites. Information on this application will be maintained confidential.

_____Signature _____Date