

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 Clubs of Brigham City. Your signature below also confirms that you understand (a) that information you may learn about members of the Boys & Girls Clubs of Brigham City is confidential; (b) that contact with members outside of the Boys & Girls Clubs of Brigham City activities is not permitted; and (c) that the Boys & Girls Clubs of Brigham City, 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 Clubs of Brigham City. All volunteers must pass a background check prior to working at the Boys & Girls Club of Brigham City, within any of its programs or at any of the sites. Information on this application will be maintained confidential.

Signature

Date

Return to The Boys & Girls Club of Brigham City, Fax 435-723-6221, or drop off in person to 271 N. 100 W., Brigham City. Questions? Call 435-723-6224