

## **VOLUNTEER APPLICATION**

continued

DATE

NAME		SSN
ADDRECE		
ADDRESS		DOB/
HOME PHONE	CELL _	work
EMAII.		ZIR CODE
EMAIL:		ZIP CODE
1) Which areas of BGCS	LV would like to voluntee	r in?
$\square$ Arts Education $\square$	☐ Gymnasium ☐ Kitchen	$\square$ Front Desk $\square$ Homework Room $\square$ No preference
2) Are you seeking to vo	olunteer to satisfy a court	-ordered community service? $\square$ YES $\square$ NO
<b>3)</b> What is your education	onal background?	
<b>4)</b> What kinds of hobbid	es, interests, activities do	you enjoy?
o, mac is your occupa		
<b>6)</b> Please describe your	past volunteer experienc	re:
The interest inventory Please check as many	-	er understand how you would like to volunteer.
☐ Youth Character Dev	elopment/Mentoring	$\square$ Acting as a mentor for pre-teens and teens
$\square$ Leading a discussion	group	$\square$ Chaperoning a field trip
ARTS EDUCATION		
☐ Arts & Crafts aide	$\square$ Music room aide	☐ Music room aide
☐ Dance aide	☐ Theater/Drama aid	de



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continued

The interest inventory below will help us better understand how you would like to volunteer. Please check as many as apply:										
EDUCA	TIONAL INTI	ERESTS								
☐ English/Grammer tutoring ☐ Ma			☐ Math tutoring	Math tutoring			☐ Writing support			
☐ Science workshops		s [	☐ Computer Usage/Technology		ду 🗆	☐ Multi-Media support				
$\square$ Reading support			☐ Other (please list)							
ORGAN	NIZATIONAL	HELP								
☐ Assi	sting with offi	ce and clerica	l work	Assisting with	fundraising	g and developr	nent			
RECRE	ATION & SPO	RTS								
☐ Spoi	$\square$ Sports coach assistant $\square$ Leading a recreational activity									
VOLUNTEER PREFERENCES										
Members of the Boys & Girls Clubs of the San Luis Valley range in age from 6 to 18. Which age group(s) would you most enjoy working with?										
$\square$ 6- to 8-year-olds $\square$ 9- to 10-year-olds $\square$ 11- to 12-year-olds				ls						
☐ 13- to 15-year-olds		s [	☐ 16- to 18-year-olds		$\square$ No preference					
AVAIL	ABILITY									
Please I	ist the best da	•	for your volunte be available to v		nt.					
9 AM	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
10 AM										
11 AM								T		
NOON								T		
<b>1</b> PM										
2 PM										
3 PM										
4 РМ								_		
<b>5</b> PM								_		



## BACKGROUND CHECK AUTHORIZATION

LAST NAME				
FIRST NAME	MIDDLE NAM	E		
OTHER NAME(S)				
DOB/ SSN	_ <del>-</del>	SEX	∑ MALE	☐ FEMALE
HOME PHONE	CELL			
DRIVERS LICENSE NUMBER		DRIVERS LI	CENSE STA	TE
CURRENT ADDRESS(street address, city, state, ZIP and county)				
PERMANENT ADDRESS (street address, city, state, ZIP and county)				
By signing this form, you are authorizing <b>Boys</b> checks on, but not limited to: Social Security  Division of Motor Vehicle	Screen, National Cri	minal File, Coul	nty Criminal	
SIGNATURE				
PRINT NAME				