

VOLUNTEER APPLICATION

Please Print

Name: Last	First	Midd	le			
Street Address						
Mailing Address						
	Cell Phone					
Employer	Other names you have used					
Date of Birth/E	Email Address					
References: (Please do not use fam	ily members)					
1. Name	Phone	Rela	Relationship			
Address	City	ST	Zip			
2. Name	Phone	Rela	tionship			
Address	City	ST	Zip			
3. Name	Phone	Rela	tionship			
Address	City	ST	Zip			
Employment History:						
1.Company	Occupation					
Supervisor	Phone					
Dates of Employment: Beginning_	Ending					
2.Company	Occupation					
Supervisor	Phone					
Dates of Employment: Reginning	Ending					

A Background Check must be completed before volunteering can commence.

□ Clerical Work		Making Phone Calls		Newsletter		
□ Data Input		Guest Speaker		Reading		
□ Sports		Photography		Music		
□ Art		Arts & Crafts		Cooking		
□ Gardening		Fishing		Hiking		
□ Swimming		Math Tutor		Homework Help		
□ Science Help		Cycling		Field Trips		
□ Fundraising		Maintenance		Board Member		
Other						
Check the days you are	availahle	and note the best times	for you			
	avanabio		Tor you	•		
□ Monday <u> </u>				_		
□ Tuesday _				_		
□ Wednesday _				-		
□ Thursday _				_		
□ Friday <u> </u>				-		
PLEASE READ CAREFU	ILLY AND	INITIAL EACH PARAGR	APH BEI	LOW AND SIGN		
I certify I have not knowingly withheld any information that might adversely affect my chances for volunteering. I understand any omission or misstatement will be grounds for						
rejection of this applica			msstatt	ement win be grounds for		
I authorize BGCRV to verify all information provided on this application. I authorize any reference to disclose any information related to my work or educational record.						
Lundorstand it is a	roguirom	ent all volunteers who v	work wi	th or have contact with		
children must complet	_		WOIK WI	tir or have contact with		
I assume the risk o	of injury ar	d all medical expenses	incurrec	d from any injury resulting		
-	_			d by Worker's Compensation		
injuries to myself.	JUKV, IL S E	Board, and employees fr	om any	ciainis for damages of		
			_			
Volunteer Signature		_		Date		

Check those areas where you have experience and interest in volunteering: