



VOLUNTEER APPLICATION

PRINT Last Name	First Name	Middle	Date of Application
Street Address			Primary Phone
City	State	Zip Code	Alternate Phone
Email Address			Business Phone
Emergency Contact Name			Emergency Contact Phone Number
Name of Current Employer or School			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been EMPLOYED with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when?		Which location?	
Have you ever VOLUNTEERED with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, date(s):			
Type of volunteer			
<input type="checkbox"/> General Club	<input type="checkbox"/> Coaching Basketball	<input type="checkbox"/> Coaching Soccer	<input type="checkbox"/> Coaching other
<input type="checkbox"/> Tutor (complete below)	<input type="checkbox"/> Special program	<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Administrative
<input type="checkbox"/> Other-please list _____			
Tutor Volunteers Only			
Years of schooling completed since high school? _____			
List your major and/or minor areas of study in college: _____			
Subject areas you feel VERY comfortable teaching: _____ Not so comfortable: _____			
List age/grade you prefer to teach: _____			
Any additional information you feel would be helpful for club staff: _____			

REFERENCES			
Complete information for at least three references. Former employers/supervisors are preferred.			
Name	Kind of Reference (Personal or Professional)	How do you know this person? (e.g. Supervisor, Co-Worker, Friend, please explain)	Phone Number (REQUIRED)

Have you been **arrested for any crime** within the past three (3) years? Yes No

My signature below certifies:

- All statements and information submitted on this application are true and correct.
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check (s). I also release such agencies from liability for any information that they may provide.
- I understand that BGCNCNC is an At-Will employer.

APPLICANT SIGNATURE

DATE



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BGCNCNC CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Volunteer signature

Date

WAIVER & RELEASE OF LIABILITY

____ (Initial) I hereby release the BGCNCNC, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGCNCNC. I am assuming the risk for any mental or physical harm I might incur.

____ (Initial) I understand that it is my desire to further the work of the BGCNCNC by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan, I acknowledge that I am not acting as an employee of the BGCP. I also acknowledge that I would not be covered under the BGCNCNC Worker Compensation plan.

____ (Initial) I agree that all personal possessions/property kept in the BGCNCNC buildings, on BGCNCNC property, and on any property used by the BGCNCNC are my own responsibility. BGCNCNC will not be held liable for any damage, loss or theft.

____ (Initial) I understand that BGCNCNC provides charitable services to the public and does not pre- screen members.

Volunteer signature

Date



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Background Check Information

<i>Office use only:</i>	
Club Location: _____	Staff Requesting Check: _____
Volunteer Type: _____ (coach / tutor / etc.)	

The Club pays for this background check.
Please complete it carefully, legibly and accurately. Thank You.

Full Name: _____

Maiden Name or Alias Names: _____

Social Security Number: _____ - _____ - _____ Sex: _____

Date of Birth: _____ Phone Number: (____) _____ - _____

Current Street Address: _____

City: _____ State: _____ Zip code: _____

I hereby authorize the Boys & Girls Clubs of North Central North Carolina and/or LexisNexis to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteering.

I release Boys & Girls Clubs of North Central North Carolina and/or LexisNexis and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment/volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I understand that background checks will be conducted in the future using this same authorization form as my release and permission for doing so.

Signature: _____ Today's Date: _____

Emergency Contact # _____ (in case of illness or injury)