



**BOYS & GIRLS CLUBS
OF THE VIRGINIA PENINSULA**

Volunteer Application

Boys & Girls Clubs of the Virginia Peninsula seeks to ensure all volunteers are placed in a position that is best suited to him or her based on desired time commitment, availability, skill, and interests. Even if you are applying for a specific position, please fill out each field in this application to the best of your ability. This will allow staff to offer you the best volunteer opportunity available. **Please Print.**

Full Name: _____		Date: _____	
Position Interested in: _____		Primary Phone Number: _____	
Occupation: _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell phone	
May we connect with you on social media? If so, which? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram		Email : _____ What is the best way to contact you? <input type="checkbox"/> Phone Call <input type="checkbox"/> Email	
1 Please list your current and/or previous work experience			
Employer	Position Title	Start Date	End Date
2	Do you have any military experience or extensive knowledge of military life?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____	
3	What is your highest level of education? Please provide the name of the institution attended and graduation year, if applicable.	<input type="checkbox"/> High School _____ <input type="checkbox"/> Some College _____ <input type="checkbox"/> College _____	
4 Why do you want to volunteer with Boys & Girls Clubs of the Virginia Peninsula?			
5 Have you been previously affiliated with Boys & Girls Clubs of the Virginia Peninsula?			
<input type="checkbox"/> No <input type="checkbox"/> Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____			
6 Please list any relevant volunteer experience. (Describe specific duties if applicable)			
7	Have you ever worked with youth? If so, which age group?	<input type="checkbox"/> No <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Teen	
10	Are you interested in volunteering at a specific location?	_____	

11 Which of the following activities would you be interested to assist in? Check all that apply.

<input type="checkbox"/> Mentoring	<input type="checkbox"/> Games	<input type="checkbox"/> Drama	<input type="checkbox"/> Math & Science
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Computer Literacy	<input type="checkbox"/> Photography
<input type="checkbox"/> Cooking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Music	<input type="checkbox"/> Community Service
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Vocational Skills	<input type="checkbox"/> Sports	<input type="checkbox"/> Career/College Counseling

12 Please list any other activities, interests, hobbies you would be interested in sharing with youth

13 What is your desired time commitment?

<3 Months 3 Months 6 Months 9 Month 12 Months or more

14 What is your typical availability? (Select all that apply.)

	8am-10am	10am-12pm	12pm-2pm	2pm-4pm	4pm-6pm	6pm-8pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

15 How far are you willing to travel to your volunteer placement?

< 5 Minutes 5-10 Minutes 10-20 Minutes 30 Minutes One Hour or

16 How will you travel to and from your volunteer placement?

Walk Bicycle Public Transit Personal Vehicle

17 If you have a driver's license, has it been suspended in the last 6 months?

Yes No NA

18 How did you hear about volunteering with Boys & Girls Clubs of the Virginia Peninsula?

<input type="checkbox"/> Boys & Girls Clubs Website	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> VolunteerMatch	<input type="checkbox"/> Flyer
<input type="checkbox"/> Virginia Mentoring	<input type="checkbox"/> Volunteer Fair
<input type="checkbox"/> MENTOR	<input type="checkbox"/> Other, List: _____

Background Check Consent Form

To ensure the safety and security of our members, Boys & Girls Clubs of the Virginia Peninsula requires all volunteers and employees to complete a mandatory background check. Volunteers are required to undergo a criminal history and sex offender search prior to approval for service. If you seek to become approved to drive for the organization, we will request more information and check your driving history. Every year from the original background check processing date, you will be required to resubmit a Background Check Consent form in order to remain eligible for service. If the background check is not renewed or on file, you will be barred from service within the organization. Please fill out the following fields as completely as possible. **Please print.**

Full Name: _____ Gender: Male Female
(First) (Middle) (Last)

Maiden/Alias Names: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Ethnicity: _____
(mm/dd/yyyy)

Home of Record: _____
Street address Apt # City State Zip Code

Previous Address: _____
Street address Apt # City State Zip Code

Mailing Address: _____
 Same as Home of _____
Street address Apt # City State Zip Code

Have you ever been convicted of a crime within or outside of Virginia? Yes No

Do you have charges pending against you within or outside of Virginia? Yes No

Have you ever been the subject of a found complaint of child abuse or neglect within or outside of Virginia? Yes No

If you answered "yes" to any of the above, please provide the charge, date of the charge and a brief description:

I certify that the above information is true and accurate to the best of my knowledge and belief. I further authorize Boys & Girls Clubs of the Virginia Peninsula to conduct criminal and civil background checks prior to the beginning of my volunteer service, as well as a review of my DMV and vehicle driving records if need be. I understand that the criminal and civil background checks will be on a yearly basis for the duration of my volunteer service.

Signature _____ Date _____

Office Use Only

Identity Verification Type: Driver's License Military ID Other Picture ID

Verification Completed By: _____ Date: _____

Date of Background Check: _____ Completed By: _____ Approved Denied By: _____

