



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Boys & Girls Club of Kenosha. The Boys & Girls Club of Kenosha is requesting the following information from you as an applicant for volunteering with our organization. **You must complete all portions of this application. Items left blank may result in disqualification from consideration.**

First Name Middle Name (*Please supply full middle name*) Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternative Phone Number: _____

E-mail: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____ Alt. Phone: _____

Are you related to any youth served by the BGC or BGC employee? If yes, list name(s). _____

Have you spoken with someone about volunteering at the Boys & Girls Club? If yes, list name(s). _____

The Boys & Girls Club of Kenosha has many volunteer opportunities that may interest you.
(Please check one department)

Administration

- _____ Office Help
- _____ Special Events
- _____ Other _____

Afterschool Services

- _____ Homework help/Education
- _____ Art (specify) _____
- _____ Technology
- _____ Teen Programs
- _____ Mentoring

Athletics

- _____ Coaching
- Specify sport and team _____
- _____ Class assistant
- _____ Other _____

Intern

- _____ School
- _____ Term Dates
- _____ Hours Required
- _____ Contact Person

Please state any other information that would be helpful in determining a good volunteer placement for you (including preference of location, type of volunteer work, ages of youth you most identify with, etc.)

What days and times would you be interested in volunteering? _____

What kind of time commitment are you willing to make?

One time 6 weeks to 3 months 3-6 months
 6-9 months 9-12 months Other time commitment

What languages do you speak fluently? _____

REFERENCES

Please provide the names of three individuals, not related to you and whom you have known for a period of time, who can provide a reference. Do not leave any information blank.

Name	Address, City, State	Telephone (incl. area code)	Nature of relationship	Length of relationship

I authorize the Boys & Girls Club of Kenosha to investigate all statements in this application. I also authorize Boys & Girls Club of Kenosha to conduct a background check to include a criminal record check (if I am 18 or older) and reference check. I hereby acknowledge that I have read and understood the preceding statement.

I understand that my picture/video may be taken for the media and/or public relations and allow these pictures to be used for media and/or public relations purposes unless I submit in writing to BGC.

Signature Date

Equal Opportunity Statement: Qualified applicants receive consideration without discrimination because of gender, age, religion, marital status, sexual orientation, race, color, creed, national origin or disability.

Please return along with the attached
“AUTHORIZATION FOR BACKGROUND CHECK”
form to:
Boys & Girls Club of Kenosha
1330 52nd Street
Kenosha, WI 53140
262-654-0323 fax
attention: volunteering

AUTHORIZATION FOR BACKGROUND CHECK

Personal Information

Last Name First Name Middle Name

Other Names (maiden and/or any names formerly used):

Last Name First Name Middle Name

Current Street Address City State Zip Code

Date of Birth: ____ / ____ / ____ City/State of Birth _____

Social Security Number: _____

Have you lived outside of Wisconsin? _____ yes _____ no

If yes, which states, and during what dates? _____

List all previous addresses for the past five years:

Current Street Address City State Zip Code

Gender: _____ Male _____ Female

Race: _____ African American

_____ Asian/Pacific Islander

_____ Caucasian

_____ Hispanic

_____ Other

I authorize the Boys & Girls Club of Kenosha to conduct a complete criminal history check on me as a basis of my placement as an employee with the organization. I understand that I am to report any changes in my criminal history to the Boys & Girls Club of Kenosha Human Resources Department.

Signed

Date