



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 <i>(Please supply full middle name)</i> _____	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 _____

Athletics

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

Afterschool Services

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

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

1. I acknowledge that the BGCK involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to: physical injuries (actions that might result in injury), medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

2. I expressly accept and assume all of the risks inherent in my volunteering or that might have been caused by the negligence of the Releasees. My/my child's/ward's participation in volunteering is purely voluntary and I elect to participate and/or allow my child/ward to participate despite the risks. In addition, if at any time I believe the event conditions are unsafe or that I /my child/ward am unable to participate due to physical or mental conditions, then I/my child/ward will immediately discontinue participation.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's/wards volunteering, or my/my child's/ward use of equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs to enforce this agreement.

4. I represent that I have adequate insurance to cover any injury or damage I/my child/ward may suffer or cause while volunteering, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child/ward have no medical or physical condition which could interfere with my/my child/ward safety in volunteering, or else I am willing to assume- and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.

5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' grounds are located, and I further agree that the substantive law of the state shall apply.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if I /my child/ward am/are hurt or my property is damaged during my/my child's/ward's volunteering, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

7. It is the responsibility of the parent/guardian to ensure that their child/ward remains at any event/participation until you or an authorized representative picks them up or you have given them permission to leave. I understand that my child/ward may be suspended from any and all Club volunteering for poor behavior. I understand that my child/ward and /or family members may be suspended from volunteering for any unsportsmanlike behavior. The reinstatement process will include a meeting with the at BGCK CEO.

8. I understand that my child's/ward's picture/video may be taken for media and/or public relations and allow for these representations, as well as my e-mail to be used for media and/or public relations purposes unless I submit a statement to the contrary to appropriate BGCK staff. I give permission for the BGCK to share my contact information with a third party for the purpose of promoting and marketing BGCK programs.

9. I understand that the BGCK will not be responsible for lost or stolen articles.

10. I understand that my child/ward may be asked to complete survey information regarding volunteering for evaluation purposes and agree to allow myself/child/ward to participate in such. 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/CYC staff.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that the cost to engage in volunteering would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to volunteer at the stated cost in return for execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

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**



**BOYS & GIRLS CLUB
OF KENOSHA**

AUTHORIZATION FOR BACKGROUND CHECK

Personal Information

Last Name **First Name** **Full 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: _____
SSN# is necessary for us to run a background check.

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:

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 _____

For Office Use: Requested by _____