

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 Mic	ddle Name (<i>Please supp</i>	oly 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	he BGC or BGC empl	loyee? If yes, list name(s)	
(Please check one department) Administration	A ft or	rschool Services		
Office Help	Aitei	Homework he	ln/Education	
Special Events		Art (specify)		
Other		The (speeny) _ Technology		
		Teen Programs	S	
Athletics		Mentoring		
Coaching				
Specify sport and team	Inter	'n		
Class assistant		School	ol	
Other		Tern	n Dates	
		Hou	rs Required	
		Con	tact Person	

2	f location, type of volunteer work		_	
What days and times would	you be interested in volunteering	g?		
One time				
What languages do you spe	ak fluently?			
	REFERENCES lease provide the names of three individes for a period of time, who can provide a	luals, not related to you		on blank.
Name	Address, City, State	Telephone (incl. area code)	Nature of relationship	Length of relationship
Club of Kenosha to conduct a backereby acknowledge that I have reduced I understand that my picture/vide	o of Kenosha to investigate all statement ekground check to include a criminal recead and understood the preceding stater o may be taken for the media and/or pul poses unless I submit in writing to BGC	cord check (if I am 18 onent. blic relations and allow	or older) and refe	erence check. I
Signature	Ī	Date		
_	alified applicants receive consideration with		C 1	11. 1. 1. 1.

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	1		
Social Security Number: SSN# is necessary for us to run a background chat to contact you to input directly into the computer Have you lived outside of Wisconsin? If yes, which states, and during what date	yes no			
List all previous addresses for the past five	ve years:			
Current Street Address	City	State	Zip Code	
Gender:MaleFemale Race:African American				
I authorize the Boys & Girls Club of Ker basis of my placement as an employee w in my criminal history to the Boys & Gir	ith the organization. I	understand that I	am to report any changes	
Signed		te		