



## 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)**

### Athletics

\_\_\_\_\_ Coaching  
Specify sport and team \_\_\_\_\_  
\_\_\_\_\_ 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.)

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What days and times would you be interested in volunteering? \_\_\_\_\_

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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 52<sup>nd</sup> Street  
Kenosha, WI 53140  
262-654-0323 fax  
attention: volunteering**



**BOYS & GIRLS CLUB  
OF KENOSHA**

**AUTHORIZATION FOR BACKGROUND CHECK**

**Personal Information**

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Full Middle Name</b>
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Other Names (maiden and/or any names formerly used):

\_\_\_\_\_

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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\_\_\_\_\_

<b>Current Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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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* \_\_\_\_\_

## BACKGROUND INFORMATION DISCLOSURE (BID)

This form is required under the provisions of Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03. Pursuant to Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03, this form must be completed prior to licensure, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license; or denial or termination of your employment or contract.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

**PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.**

**Check the box that applies to you.**

- |   |   |
|---|---|
| <input type="checkbox"/> Current or Prospective Employee / Contractor<br><input type="checkbox"/> Applicant for a license (including continuation or renewal) | <input type="checkbox"/> Non-Client Resident (10 years of age and older)<br><input type="checkbox"/> Other – Specify: |
|---|---|

Name – (First and Middle)	Name – (Last)	Position Title (If applicable)		
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White			Social Security Number(s)	
Home Address		City	State	Zip Code

Name and address of Potential Employer or Licensing Agency.  
Boys & Girls Club of Kenosha 1330 52<sup>nd</sup> Street Kenosha WI 53140

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance?  ➤ If <b>Yes</b> , list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever adjudicated delinquent by a court of law, including tribal court, before your 18 <sup>th</sup> birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance?  ➤ If <b>Yes</b> , list each crime or offense, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)?  ➤ If <b>Yes</b> , provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry?</p> <p>➤ If <b>Yes</b>, explain, including the location, reason for registration and length of time required to be registered.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency?</p> <p>➤ If <b>Yes</b>, explain and provide the name of the agency conducting the investigation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened and the name of the agency that made the finding.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?</p> <p>➤ If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component?</p> <p>➤ If yes, indicate the year of discharge: _____</p> <p>➤ Attach a copy of your DD214 if you were discharged within the last 3 years.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last 5 years?</p> <p>➤ If <b>Yes</b>, list each state and the dates you lived there.</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
5. Have you had a caregiver background check done within the last 4 years?  ➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board or tribe?  ➤ If <b>Yes</b> , list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

<b>SIGNATURE</b>	Date Signed
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Boys & Girls Club of Kenosha (BGCK)  
Consent for Law Enforcement/Background Checks

I, \_\_\_\_\_, give the BGCK permission to conduct the below checks. This consent is executed with the understanding that this information is for the official use of the BGCK in the determination of my suitability for employment. I further understand that the BGCK will not re-disseminate this information and that this information will only be accessed by HR employees involved in the hiring process.

- Department of Justice – Wisconsin Criminal History Check & Caregiver Check
- Child Protective Services Check (State of Wisconsin’s EWISACWIS system and/or CPS case files).

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**Please Print Legibly**

Applicant Name: \_\_\_\_\_

\*Previous Names: \_\_\_\_\_

*\*Include other legal names (maiden, married, hyphenated names). Also include names that were not legal changes, alternate spellings of names and initials used as names.*

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For County Use Only (CPS Check):**

No results found                       Substantiation found

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*The original of this form must be given to HR at the BGCK.*