



## 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.**

	Reference 1	Reference 2	Reference 3
Name			
Address, City, State, Zip			
Phone (including area code)			
Email address			
Nature of relationship			
Length of relationship			

**Other Information**

Can you perform this job (as detailed on the job description) without a reasonable accommodation?

yes  no

Do you have a valid driver's license?  yes  no If yes, from which State? \_\_\_\_\_

Have you had any moving violations in the past year?  yes  no If yes, identify type(s) of violation(s) and date(s) of occurrence \_\_\_\_\_

Are you 25 years of age or older (for insurance purposes)  yes  no

I authorize the Boys & Girls Club of Kenosha to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I also authorize Boys & Girls Club of Kenosha to conduct criminal records checks or any other background checks deemed necessary to determine my suitability for employment. I hereby release all of those employers, references, academic institutions and Boys & Girls Club of Kenosha from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the Boys & Girls Club of Kenosha. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning academic credentials, employment references, background checks and driving record (if applicable).

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Boys & Girls Club of Kenosha has not hired me or immediate dismissal if the Boys & Girls Club of Kenosha has employed me. I also authorize the Boys & Girls Club of Kenosha to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Boys & Girls Club of Kenosha from any liability for its providing this information.

I understand that nothing in this employment application, in Boys & Girls Club of Kenosha's policy statements or personnel guidelines or in my communications with any Boys & Girls Club of Kenosha official is intended to create an employment contract between the Boys & Girls Club of Kenosha and me. I also understand that the Boys & Girls Club of Kenosha has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Boys & Girls Club of Kenosha retained the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understood the preceding statements.

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Signature

Date

**Equal Opportunity Employer:** Qualified applicants receive consideration for employment 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**

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<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):

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<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:

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<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: \_\_\_\_\_

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