



**BOYS & GIRLS CLUB
OF ALTON**

Volunteer Application Process



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Volunteer Application



Applicant Information

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available		Social Security No.				
Program Focus						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

Education

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

References

Please list three professional references.

Full Name		Relationship				
Company		Phone	()			
Address						
Full Name		Relationship				
Company		Phone	()			
Address						
Full Name		Relationship				
Company		Phone	()			
Address						

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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**BOYS & GIRLS CLUB
OF ALTON**

Authorization for Release of Information

My signature below evidences my understanding that I am being considered for the position of Program Assistant with the **Boys & Girls Club of Alton** and that I hereby authorize the Boys & Girls Club of Alton to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency. I further understand that information obtained during the investigation(s) may be used as a basis for denial of appointment or reappointment, as well as termination when appointed to the above position pending completion of my records check investigation. I understand that refusal to sign this release will result in termination of the appointment process. All information I hereby authorize to be obtained will be held strictly confidential.

Print Full Name: _____

Print Full Address: _____

Sex: _____ Race: _____

DOB: _____ SSN: _____

Signature: _____

Date: _____

LAW ENFORCEMENT USE ONLY – DO NOT FORWARD THIS FORM



**BOYS & GIRLS CLUB
OF ALTON**

Volunteer Availability Form

Name: _____

Program: _____

Time Period Covered: _____/_____/_____ to _____/_____/_____

Club Hours: Monday – Friday 9am -5pm

Please list the schedule that you'd like to follow during this period

	<u><i>Mon.</i></u>	<u><i>Tues.</i></u>	<u><i>Wed.</i></u>	<u><i>Thurs.</i></u>	<u><i>Fri.</i></u>
<i>From:</i>	_____	_____	_____	_____	_____
<i>To:</i>	_____	_____	_____	_____	_____

Next Steps:

- Background Checks
- Administrative Approval
- Volunteer Orientation Meeting

Signature

Date