



**BOYS & GIRLS CLUB  
OF ALTON**

2512 Amelia St. • Alton, IL 62002 • bgcalton.org • 618-462-6249

# VOLUNTEER APPLICATION

Organizational Use Only	
Received by: _____	Date: _____
Application: ___ Complete ___ Incomplete	
Date Interviewed: _____	
Background Check: _____	Date: _____
Orientation Date: _____	
Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

City: \_\_\_\_\_ E-mail: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you above the age of 18:  Yes  No

Have you ever lived in another state or country?  Yes  No

If yes, where: \_\_\_\_\_

How were you referred to the Boys & Girls Club of Alton?

\_\_\_\_\_  
\_\_\_\_\_

What area(s) of programming are you interested in?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Games Room/Recreation                               | <input type="checkbox"/> Career Development      | <input type="checkbox"/> Internship           |
| <input type="checkbox"/> Fine Arts/Crafts   | <input type="checkbox"/> Technology/Computers                                | <input type="checkbox"/> Music/Performing Arts   | <input type="checkbox"/> Sports/Fitness       |
| <input type="checkbox"/> Teen Programs      | <input type="checkbox"/> Admin/Development                                   | <input type="checkbox"/> Inclusion/Special Needs | <input type="checkbox"/> Health & Life Skills |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Teen Leadership Volunteer Position (13-17 year old) |  |   |

Please list any hobbies, skills, and/or special interests (including other spoken languages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any previous volunteer experiences (include name of organization) and experience working with youth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a College/University student?  Yes  No

Name & location of school: \_\_\_\_\_

Are you volunteering as part of a Service-Learning course or program?  Yes  No

If yes, please provide the following: Class Title: \_\_\_\_\_

Professor: \_\_\_\_\_

Are you volunteering as part of a corporate/community program or organization?  Yes  No

If yes, what is the name of the program/organization? \_\_\_\_\_

Does your company have a matching/giving program?  Yes  No

Are you a former member of a Boys & Girls Club?  Yes  No

If yes, what was the name and location of the club? \_\_\_\_\_

Please fill in the days and times that you are available to volunteer between 2-8pm.

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

*\*After School hrs. Mon-Thurs 2pm-7pm. 2-5pm on Fridays. Summer hrs. Mon-Fri 9am-5pm CLOSED on weekends.*

Total number of hours each week you are available to volunteer: \_\_\_\_\_

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): \_\_\_\_\_

Please provide three references; references should not be related to you or live with you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT I AM AWARE THAT THE BOYS & GIRLS CLUBS OF ALTON MAY CONTACT THE ABOVE LISTED REFERENCES. I ALSO AGREE TO ATTEND A VOLUNTEER INTERVIEW AND IF ACCEPTED INTO THE VOLUNTEER PROGRAM TO ATTEND A VOLUNTEER ORIENTATION AND TO OBTAIN A BACKGROUND CHECK AT A CLUB DESIGNATED PROVIDER. I WILL NOT ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.**

Please answer the following question:

Have you ever been convicted of, pled guilty to, and/or pled no contest to a crime (felony or misdemeanor, including but not limited to theft, banking, fraud, drug and/or alcohol-related offenses, assault, sex related or child abuse related offenses, etc...)?

\* Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain (State, date, court, type of crime, place of occurrence, disposition):

\_\_\_\_\_  
\*Note: Conviction of a crime is not necessarily ground for disqualification.

“I declare that all above information is true and accurate in all respects to the best of my knowledge, without any willful omissions. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.”

➤ SIGNATURE OF VOLUNTEER: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*If volunteer is under a parent or guardian signature is needed 18)*

➤ SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_