



VOLUNTEER APPLICATION

Name _____ Social Security Number _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ DOB _____

Emergency Contact _____ Phone _____

Email Address _____

Are you seeking to volunteer in order to satisfy court-ordered community service? _____

SKILLS AND EXPERIENCES

What is your educational background? _____

What sort of hobbies, interests and activities do you enjoy? _____

What is your occupation? _____

Do you have any past or present volunteer experience? _____

INTEREST INVENTORY

This section will help determine what volunteer activities you might like to participate in. Please check the area(s) that interests you.

- | | |
|--|---|
| <input type="checkbox"/> Tutoring – What subjects? _____ | |
| <input type="checkbox"/> Sports – What sports? _____ | |
| <input type="checkbox"/> Music – What instruments? _____ | |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Helping a child use the computer |
| <input type="checkbox"/> Listening or helping a child read | <input type="checkbox"/> Playing board games |
| <input type="checkbox"/> Assisting with Fundraising | <input type="checkbox"/> Leading a recreational activity |
| <input type="checkbox"/> Acting as a Mentor for Teens | <input type="checkbox"/> Leading a discussion group |
| <input type="checkbox"/> Assisting with office & clerical work | <input type="checkbox"/> Chaperoning a field trip |
| <input type="checkbox"/> Activities not listed above that I am interested in _____ | |

AVAILABILITY

| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--------|---------|-----------|----------|--------|----------|
| Time Available | | | | | | |

COMMITMENT

What kind of a time commitment are you willing to make?

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> One Time | <input type="checkbox"/> 6-9months | <input type="checkbox"/> 3-6 months |
| <input type="checkbox"/> 6 weeks – 3 months | <input type="checkbox"/> 9 months – 1 year | <input type="checkbox"/> Other |

Are there any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____

REFERENCES

Current Employer _____
Address _____

Phone Number _____

Would you like us to notify your employer of your volunteer services? ____ Yes ____ No

Please list the names and phone numbers of 2 people who know you well and can attest to your character, skill and dependability. (Do not list relatives)

Name _____ Phone _____
Number of years known _____ Occupation _____

Name _____ Phone _____
Number of years known _____ Occupation _____

ADDITIONAL INFORMATION

Please Circle the applicable response.

Do you currently use illegal drugs? Yes No

Have you ever been convicted of a criminal offense? Yes No

Have you ever been convicted of child abuse or neglect or is there a pending criminal charge against you for child abuse or neglect? Yes No

Has your driver's license been suspended or revoked? Yes No

Are there any other facts or circumstances involving you or your Background that would call into question your being entrusted with supervision, guidance and care of young people? Yes No

(Please explain any "yes" answers)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize the Kansas Bureau of Investigation to furnish the above named company with criminal history record information as described in K.S.A. 22-4701 (b). I voluntarily waive all rights of recourse and release the Boys & Girls Club of Topeka and Research Information Services from liability for compliance with this authorization

Signature of Applicant _____ **Date** _____

Full Name _____ **Social Security Number** _____
Last First Middle

Current Address _____
Street City State Zip

OFFICE USE—BACKGROUND CHECKS

Personal references checked by _____
Date of Initial Background Check _____ Date of Follow-up _____
Volunteer Approved _____ Declined _____
Signature _____ Date _____