



**BOYS & GIRLS CLUB
OF SPARTA**

1000 E. Montgomery Street
Sparta, WI 54656
Ph: 608-269-2582 Fax: 608-269-7969
Email: bjerman@bgcofsparta.org
www.bgcofsparta.org

Volunteer Application

First name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ - _____ Cell Phone () _____ - _____ Email _____

Emergency Contact _____ Phone _____

If you are 17-years-old or younger please provide your age for statistical purposes: _____

Where did you learn of our volunteering opportunities? _____

Will your volunteer time fulfill school, community service or organization required time? _____

If yes, please list: _____

Skills & Experiences

What is your educational background? _____

What hobbies, interests and activities do you enjoy? _____

List past volunteer experience: _____

Interest Inventory

This section will help you determine what volunteer activities you might like to participate in. Please check any areas that interest you:

At the Club:

- Tutoring
- Front Desk assistant
- Games Room Supervisor
- Program Leader
- Program Assistant
- Office Assistant
- Special Events/Fund Raising/Marketing
- Summer Camp/Field Trip assistant
- Other _____

At the House of Shadows:

- Room/Section Director
- Construction/Set Up
- Make Up
- Concessions
- Marketing
- Costumes
- Volunteer Coordination
- Character Acting
- Other _____

Members of the Club are ages 8-18. Which age Group(s) would you most enjoy?

- 8-12 year olds
- 13-15 year olds
- 16-18 year olds
- No preference

Availability

Basic Club Hours:

School Year Hours: 3 pm – 7 pm
Summer Hours: 6:30 am – 5:30 pm
Special Events: Evenings & Saturdays
Office Hours: M-F 10 am – 5 pm

House of Shadows Hours:

Designated weekdays June through September at 6 pm
Weekends in October 5 pm – 1 am

Given the information above, please mark the days and times you will be available to volunteer.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

What kind of time commitment do you want to make?

- One time
- 1 week – 1 month
- 1 month – 3 months
- 3 months – 6 months
- 6 months – 9 months
- 9 months – 1 year
- Other: _____

What date are you available to begin? ____ / ____ / ____

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

Character References

Please list the names and phone numbers of two people who can attest to your character, skill and dependability – no relatives please.

Name: _____ Phone: (____) _____ - _____
Name: _____ Phone: (____) _____ - _____

Additional Information

Do you currently use any 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 charge against you for abuse or neglect?	* Yes	No
Has your driver's license ever been suspended or revoked?	*Yes	No
Is there anything from your background that would call question to you being entrusted with the supervision, guidance and care of youth?	*Yes	No

*On a separate sheet of paper please explain any "yes" responses

Understanding & Authorization

I certify that all the information on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I authorize you to investigate all statements in this application & attachments. I further agree to release and hold harmless the Boys & Girls Club of Sparta, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing information to you.

Application Signature: _____ Date ____ / ____ / ____

Return To: The Boys & Girls Club of Sparta ~ 1000 E. Montgomery St. ~ Sparta, WI 54656 (608) 269-2582 Fax: (608) 269-7969 or email: bjerman@bgcofsparta.org



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BACKGROUND VERIFICATION AUTHORIZATION

Thank you for your interest in being apart of the Boys & Girls Club of Sparta team, with your help, we can strengthen existing programs, add new programs and extend them to more boys and girls.

Our emphasis is on providing wholesome activities supervised by adults of high moral character. Because the risk, no matter how remote, is unacceptable, of exploitation or abuse of our Club members, and the mishandling of Club funds, we are required to secure your consent for a background check and examine all references.

APPLICANT – PLEASE COMPLETE THE SECTION BELOW & SIGN

(Only Human Resources will view the information below – it is not made available to hiring supervisors or others in the organization. If you are not selected for the volunteer or employment position, this form is shredded and not retained in our files.)

Name (please print): _____
(Last) (First) (Middle)

Maiden or alias Names: _____ Social Security Number: _____

Drivers license number: _____ Drivers License State: _____

*Date of Birth: ___/___/___ Gender: Male or Female

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or volunteer placement.

Please list addresses and dates for the past 7 years:

- Current _____
- Previous _____
- Previous _____
- Previous _____
- Previous _____

I hereby authorize Boys & Girls Clubs of Sparta to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release Boys & Girls Clubs of Sparta and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment or a volunteer position is contingent on a satisfactory background investigation. I also understand that this form will not be kept in my permanent file if I am employed. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

SIGNATURE: _____

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