

Volunteer Application 9/7/16

Thank you for wanting to volunteer for our organization. There are many opportunities to choose from which can have a positive impact on children. GREAT FUTURES START HERE!

Please tell us why you want to volunt	eer:		
How did you hear about us? (newspar	per, friend, etc.)		
Area/s of interest.			
Games Room Art Room Teen Co	enter Gymnasium Learning Cente	r Computer Lab	Dance Program
Tennis Program Gymnastics Progra	m Sports-which one?	Other _	
Full Name:			
Street Address (include city):			
	Other Phone #		
Social Security #:	Driver's Licens	e #:	
Date of Birth:	Email Address:		
	References		
Name 1	Address	Phone #	Relationship
2			
2			

To safeguard the children in our programs we require a background check for all who come into contact with them. While the history of the Boys & Girls Club is free from such incidents, statistics of physical and sexual abuse of young children in other parts of the country necessitate including this as part of the application process. We hope you understand and join us in working to ensure the youth programs remain free from such problems.

The information that you have supplied may be submitted to appropriate agencies for background checks. Please supply all requested information. ALL RESPONSES WILL REMAIN CONFIDENTIAL.

By signing below I acknowledge that the above information is accurate. I understand that falsification of information will void this application or lead to immediate dismissal. I authorize the Boys & Girls Club of Southwestern Oregon to verify this information and conduct a background check.

Signature: _____

Date:	
Date:	

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