

For Internal Use Only

Semester _____
Program _____
Background Check complete _____
UD/LPC introduced _____

Club _____
Day _____
ID number _____



BOYS & GIRLS CLUBS
OF CENTRAL VIRGINIA

Volunteer Application

P.O. Box 707
Charlottesville, Virginia 22902
Phone: 434-971-9400
Fax: 434-977-5180
vwawner@bgclubcva.org

Thank you for your interest in the Boys & Girls Club!
Please fill out the form completely and send it to
vwawner@bgclubcva.org. Our Volunteer Coordinator
will contact you about current volunteer opportunities
and placement.

Basic Information

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip Code: _____

Email: _____

Occupation: _____

Employer or School: _____

Are you volunteering as a representative of a particular organization? No ___ Yes ___

If yes, which organization? _____

Are you volunteering for a special event? No ___ Yes ___

Availability

Our Clubs are open from 2:30-6:30pm during the school year, with prime programming happening between 3-5:30pm. During the summer, our Clubs are typically open from 7-6pm, with prime programming happening between 9-5pm. What day & time would you like to volunteer?

Days of the Week	After School Hours	Summer Hours
____ Monday	____ 3-4pm	____ 9-10am
____ Tuesday	____ 4-5pm	____ 10-11am
____ Wednesday	____ 5-6pm	____ 11-12pm
____ Thursday		____ 12-1pm
____ Friday		____ 1-2pm
		____ 2-3pm
		____ 3-4pm
		____ 4-5pm

Volunteer Interests

Why are you interested in volunteering with us? _____

What interests or skills do you have that would like to share with Club members?

What age group do you prefer to work with?

6-9 _____ 10-12 _____ 13 & above _____

Are you seeking volunteer work to satisfy court-ordered community service? _____
(Please note that only youth ages 17 and under may volunteer for this purpose in the Club environment.)

Are you seeking to volunteer to meet high school graduation requirements? _____
(Please note volunteers age 18 and under will need to complete a Club membership application.)

If yes, what are the total number of hours you need and by what deadline? _____

Are you seeking to volunteer for college credit or to meet college graduation requirements? _____

If yes, what are the total number of hours you need and by what deadline? _____

Where would you like to volunteer?

_____ **Cherry Avenue**

1000-B Cherry Avenue
Charlottesville, VA 22903
(434) 971-9421

_____ **Jack Jouett**

Jack Jouett Middle School
210 Lambs Lane
Charlottesville, VA 22901
(434) 973-3014

_____ **James River**

300 Page Street
Scottsville, VA 24590
(434) 286-8801

_____ **Madison**

1809 North Main Street
Madison, VA 22727
(540) 738-3110

_____ **Orange**

Taylor Education
Administrative Complex
200 Dailey Drive
Orange, VA 22960
(540) 672-6858

_____ **Southwood**

383 Hickory Street
Charlottesville, VA 22902
(434) 295-0037

Which programs are you interested in helping with? List your 1st and 2nd choice.

Academic Success

_____ Power Hour: After-school homework and tutoring (highest volunteer need)

_____ STEM: Science, Technology, Engineering and Math

_____ Financial Literacy

_____ Summer Reading

_____ Summer Math

Healthy Lifestyles

_____Sports (Basketball, Soccer, Football, Lacrosse, Other_____)

_____Cooking & Nutrition

_____Gardening

_____Cycling

_____Mindfulness/Yoga

The Arts

_____Visual Arts

_____Performing Arts

Youth Mentoring

_____Youth Mentor: be an on-site mentor for a Club member. Must be able to spend an average of one hour a week with your mentee for 9 months.

_____Youth of the Year: Help teens prepare for annual organization-wide competition that involves submitting an application, essay writing, interviews and public speaking (November-February).

Do you have an idea for a volunteer-led program that fits with our organizational priorities and is not listed above? Our Volunteer Coordinator will be happy to discuss it with you.

VOLUNTEER AFFIDAVIT, NOTICE OF BACKGROUND CHECK & LIABILITY RELEASE

I certify that all answers given by me to all of the questions on this application and any attachments are true to the best of my knowledge and that I have not withheld any pertinent information. I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal of or if I have been offered a position as a volunteer, in my offer being summarily withdrawn.

I hereby agree that in the course of considering my application, Boys & Girls Clubs of Central Virginia (BGCCVA) may make inquiries to ascertain information concerning my background, including the attached ChoicePoint Background Check and I understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided to me. *I understand that my application process will not be complete until I have received clearance by the Volunteer Coordinator.*

I understand and acknowledge that I will be acting in the capacity of a volunteer with, not as an employee of the Boys & Girls Clubs of Central Virginia (BGCCVA). Accordingly, I hereby assume full responsibility for my own actions while participating or acting as a volunteer with BGCCVA. In consideration for being permitted to volunteer with BGCCVA, I agree to hold BGCCVA harmless from any liability arising from or related to my actions while serving as a volunteer. I agree to stay within the guidelines presented to me by the staff, and will ask for assistance from a staff member if I am unsure of the correct decision. If you are under the age of 18, your parent's signature will be required; you will not be allowed to volunteer without their signature.

Volunteer Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

BACKGROUND CHECK

Please print clearly

FROM: Boys & Girls Clubs of America

Phone: 434-971-9400	Date Requested:
Fax: 434-977-5180	Check One: <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee

PER COMPONENT SELECTION:

- Criminal records** – Felony & Misdemeanor - At all addresses for 7 years.
- Sexual Offender Database Search**
- Social Security Verification**

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

Maiden or alias Names: _____ **Social Security Number:** _____ - _____ - _____

<p>*Date of Birth: _____ / _____ / _____ Sex: _____ Race: _____</p> <p><i>*NOTE: The above information is required for identification purposes only, and is in no manner used as qualification for employment..</i></p>
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Please list address including CITY, STATE and ZIP:

Current _____

I hereby authorize *Boys & Girls Clubs of America* and/or ChoicePoint 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 America* and/or ChoicePoint 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 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: _____