



BOYS & GIRLS CLUBS
OF THE NORTHLAND

Volunteer Application

This box for office use only	
Date Received _____	Background Check Fee: \$10
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card	Amount Paid: _____
Staff Initials _____	Date _____ <i>Background Check</i>

APPLICATION INSTRUCTIONS

Please complete this form to ensure prompt processing and placement. Applicants must also complete the attached Background Check Information Form.

PERSONAL INFORMATION (PLEASE PRINT)

Name (First Middle Last)		Date of Application
Address (Street, City, State, Zip Code)		
Primary Telephone	Alternate Telephone	Email Address
Have you ever been EMPLOYED with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, when? _____ Which location? _____		
Have you ever VOLUNTEERED with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, when? _____ Which location? _____		

EMPLOYMENT INFORMATION (PLEASE PRINT)

Current Employer / School	Phone Number
Address (Street, City, State, Zip Code)	Dates of Employment
	From _____ To _____
Applicable Skills / Certifications / Licensures that apply to the volunteer opportunity (If yes, please list)	First Aid Certification <i>(Not required)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO Exp. Date _____
	CPR Certification <input type="checkbox"/> YES <input type="checkbox"/> NO Exp. Date _____
Consistent attendance and punctuality are essential requirements of every volunteer position within this organization. Is there anything which would interfere with your regular attendance and punctuality if you are assigned to a volunteer opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO	

VOLUNTEER OPPORTUNITY INFORMATION (PLEASE PRINT)

Volunteer Opportunities (check all that apply)	Age Group Preference:
<input type="checkbox"/> General Club <input type="checkbox"/> Coaching _____ <i>(sport)</i> <input type="checkbox"/> Tutor <i>(complete below)</i>	<input type="checkbox"/> Elementary
<input type="checkbox"/> Special Program <input type="checkbox"/> Guest Speaker <input type="checkbox"/> Administrative <input type="checkbox"/> Other _____ <i>(list)</i>	<input type="checkbox"/> Middle School
	<input type="checkbox"/> High School
Tutor Volunteers ONLY	
Years of Schooling completed since high school? _____	
List your major and/or minor areas of study in college. _____	
Subject areas you feel VERY comfortable teaching _____ Not so comfortable _____	
List age/grade you prefer to teach _____	
Any additional information you feel would be helpful for club staff _____	
How were you referred to the Boys & Girls Clubs of the Northland (BGCN)?	
Which Boys & Girls Clubs of the Northland Branch would you prefer to volunteer?	
<input type="checkbox"/> Dave Goldberg Family Branch <input type="checkbox"/> Lake Vermilion Branch <input type="checkbox"/> Lincoln Park Branch	
<input type="checkbox"/> Nett Lake Branch <input type="checkbox"/> Superior Branch <input type="checkbox"/> Other / Unsure, please contact me at _____	

What days/times are you available to volunteer with BGCN?

- Mondays: From _____ To _____
 Tuesdays: From _____ To _____
 Wednesdays: From _____ To _____
 Thursdays: From _____ To _____
 Fridays: From _____ To _____
 Saturdays: From _____ To _____
 Sundays: From _____ To _____ (limited opportunities)
 Specific Date: _____

EMERGENCY CONTACT (PLEASE PRINT)

Name (First Middle Initial Last)	Telephone Number
Address (Street, City, State, Zip Code)	Relationship

PERSONAL REFERENCES (PLEASE PRINT)

Name (First Middle Initial Last)		Daytime Telephone Number
Address (Street, City, State, Zip Code)		Evening Telephone Number
Occupation	Years Acquainted	Relationship
Name (First Middle Initial Last)		Daytime Telephone Number
Address (Street, City, State, Zip Code)		Evening Telephone Number
Occupation	Years Acquainted	Relationship

AUTHORIZATION AND AGREEMENT

I authorize the Boys & Girls Clubs of the Northland (BGCN) to investigate all statements in this application and to secure any necessary information from all my employers, references and any appropriate governmental agencies. I hereby release all of the above mentioned parties and the Boys & Girls Clubs of the Northland from any and all liability arising from their giving or receiving information about my suitability for volunteering with BGCN. I understand that any volunteer placement is contingent upon receipt of a satisfactory report concerning my credentials, employment references, driving record, criminal convictions record and child abuse/neglect record required for this opportunity.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BGCN has not assigned me or immediate dismissal if BGCN has assigned me. I also authorize BGCN to supply information about my volunteer record, in confidence to any prospective employer, governmental agency or other party having a legal and proper interest and I hereby release BGCN from any and liability for it providing this information

I understand that nothing in this volunteer application, in BGCN's policy statement or personnel guidelines, or in my communications with any BGCN official is intended to create and employment contract between BGCN and me. I also understand that BGCN has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me.

Signature _____	Date
<i>You agree that by typing your name, you are electronically signing this document.</i>	



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VOLUNTEER CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences or any other information obtained to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Volunteer signature (*You agree that by typing your name, you are electronically signing this document.*)

Date

VOLUNTEER WAIVER & RELEASE OF LIABILITY

____ (Initial) I hereby release the BGC NORTHLAND, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGC NORTHLAND. I am assuming the risk for any mental or physical harm I might incur.

____ (Initial) I understand that it is my desire to further the work of the BGC NORTHLAND by performing services as a volunteer. I will undertake these services as a volunteer without compensation; I acknowledge that I am not acting as an employee of the BGC NORTHLAND. I also acknowledge that I would not be covered under the BGC NORTHLAND Worker Compensation plan.

____ (Initial) I agree that all of my personal possessions/property kept in the BGC NORTHLAND buildings, on BGC NORTHLAND property, and on any property used by the BGC NORTHLAND are my own responsibility. BGC NORTHLAND will not be held liable for any damage, loss or theft.

____ (Initial) I understand that BGC NORTHLAND provides charitable services to the public and does not pre- screen members.

Volunteer signature (*You agree that by typing your name, you are electronically signing this document.*)

Date



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BACKGROUND CHECK INFORMATION & PAYMENT

Full Name: _____

Maiden Name or Alias Names: _____

Social Security Number: _____ - _____ - _____ (required) Sex: _____

Date of Birth: _____ Phone Number: (_____) _____ - _____

Permanent Address: _____
(Do NOT submit a PO Box for address)

City: _____ State: _____ Zip code: _____

I hereby authorize the Boys & Girls Clubs of the Northland 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 or volunteering.

I release Boys & Girls Clubs of the Northland 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/volunteerism is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or volunteer. 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. I understand that background checks will be conducted in the future using this same authorization form as my release and permission for doing so.

PAYMENT REQUIRED: In order to become a volunteer for the Boys & Girls Clubs of the Northland, you must pass a background check (for the safety of the youth we serve). **Please submit \$10 via cash, check or card.**

- Cash (Application and payment will be dropped off at BGCN Administrative Office 102 S 29th Ave West Suite 200)
- Check (Payable to: *Boys & Girls Clubs of the Northland*. Application and payment will be dropped off at Administrative Office OR mailed to: Boys & Girls Clubs of the Northland PO Box 16435, Duluth, MN 55816)
- Card (Bill credit card: Visa MasterCard Discover American Express)
 Card Number: _____ Exp. Date: _____
 Name (as appears on card) _____
 Address with card account _____

Before payment is processed (check one):

- I would like a Club Tour, Phone Call, or Email before my payment is processed.
- Please process my payment without a Club Tour, Phone Call or Email.

Signature (You agree that by typing your name, you are electronically signing this document.)

Date