



**VOLUNTEER APPLICATION & BACKGROUND INVESTIGATION CONSENT**

(Please print clearly and complete in ink)

Club Location: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ (Optional) Phone: \_\_\_\_\_

**TYPE OF SERVICE: (Check One)**

Individual Volunteer  Required Community Service  Admin Office Volunteer  
 Group Project Volunteer

(Group Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_)

**AVAILABILITY**

(Circle)

Days: Mon. Tues. Wed. Thurs. Fri. Sat. Time: From \_\_\_\_\_ to \_\_\_\_\_

**WORK HISTORY**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EDUCATION**

High School  GED  Some College  College Degree  MS Degree  PhD

**VOLUNTEER OPPORTUNITIES**

**Educational/Enrichment**

**Recreational**

**Maintenance**

**Admin.**

Computer Training

Arts & Crafts

Custodial

Fundraising

Dance/Music

Coach (Sport \_\_\_\_\_)

Landscaping

Receptionist

Tutor

Painting

Skill Crafts

Intern

Officiate (Sport \_\_\_\_\_)

Other (Please specify) \_\_\_\_\_

## VOLUNTEER EXPERIENCE

(Previous Volunteer Experience (Attach a separate sheet if necessary):

Organization	Address	Phone	Dates	Area of Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____

## CRIMINAL HISTORY

Have you ever been arrested?     Yes     No  
If answered yes, explain \_\_\_\_\_

Have you ever been convicted?     Yes     No  
If answered yes, explain \_\_\_\_\_

**Note: Answering YES will NOT automatically prohibit individuals from becoming volunteers but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities)**

By my signature, I hereby attest to the truthfulness of all statements on this form to the best of my knowledge. Further, I grant the Tioga County Boys & Girls Clubs permission to investigate the information provided on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL CONSENT (To be completed if applicant is under 18 years of age):

I give my consent for my child named on page one of this application, to provide volunteer services to the Tioga County Boys & Girls Club. I also give my consent to conduct the required investigations and obtain any emergency medical treatment necessary for the safety of my child. My signature below verifies:

My child has no past or present criminal charges/offenses that would prevent them from volunteering with the organization.  
 My child will be providing community service as required by law. Documentation is attached.

Printed name of Parent/Guardian: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**SCHOOL INFORMATION (To be completed if applicant is obtaining Student Service Learning / Credit Hours through TCBGC)**

School Name : \_\_\_\_\_ Faculty Contact: \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

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**OFFICE USE ONLY**

Interview Date: \_\_\_\_\_ Status: \_\_\_Accepted \_\_\_ Declined

Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised 08/14