

Oscar Cross Boys and Girls Club

VOLUNTEER APPLICATION

Our mission is to enable all young people, especially those who need us the most, to be all that they can be as productive, responsible and caring citizens.

Date: _____

Name: _____

(Last Name)

(First Name)

(Middle Name)

Street Address: _____

(Street)

(City)

(Zip)

Home: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

How did you hear about the Boys & Girls Club ?

Word of Mouth _____ Flyer _____ Online _____ Newspaper _____ TV _____ Radio _____ Other: _____

Student Volunteers: What grade are you currently in? _____

Educational Background: Please include the name of the school you currently attend and graduation year (if applicable).

College students, please list your area(s) of study.

Employment Information Would you like us to notify your employer of your volunteer service? YES NO

Current Employer: _____ Phone: (_____) _____

Employer Address: _____

(Street)

(City)

(Zip)

Emergency Contact: _____

(First Name)

(Last Name)

(Relationship)

Home: (_____) _____ E-Mail: _____

Cellphone: (_____) _____ Work: (_____) _____

Availability Please indicate the days and times you are usually available to volunteer.

Monday

Tuesday

Wednesday

Thursday

Friday

Hours _____

It this for School/College Credit _____ Yes _____ No

Is this for federal work study _____ Yes _____ No

It this for School- CLUB _____ Yes _____ No

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

Check here to receive up-to-date texts Check here to receive our E-Blast

Additional Information

Please state your reason for wanting to become a volunteer at the Boys & Girls Club of Paducah.

Please list your skills you would like to use in your volunteer work.

Volunteer Experiences:

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 or is there a pending
criminal charge of child abuse or neglect? Yes No

Has your driver's license been suspended or revoked? Yes No

Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No

VOLUNTEER UNDERSTANDING, AUTHORIZATION, AND COMMITMENT

I certify that all the answers on the application and 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 my information including my background. I specifically authorize you to investigate all statements in this application. I authorize all educational institutions, employers, and references to give you any and all information concerning my education, employment, and fitness to work with children and young people. I further agree to release and hold harmless the Oscar Cross Boys & Girls Club, institutions, and references and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

I understand that the risk, no matter how remote, of exploitation or abuse of boys and girls is unacceptable, and consent to the required background check which must be repeated on annual basis.

I understand my obligation to attend the required volunteer orientation and necessary trainings. I understand that photographs or videotapes may be made of my volunteer activities. I authorize the OCBGC, without limitation, to copy, publish, exhibit, or distribute such photographs or videotapes for purpose of reporting or promotion of volunteerism. I waive all rights or claims I may have against your organization and/or its agents, subsidiaries, or assignees related to the above photos and videotapes. I understand that because I am not an employee of the OCBGC, Worker's Compensation is not provided by the organization.

Applicant's Signature: _____ Date: _____

Parent Signature (if under 18 years)

VOLUNTEER REFERENCES

Please provide contact information for two, non-related, individuals whom you know well and can attest to your character, skill, and dependability.

Name _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

How long have you know this reference? Years _____ Months _____

In what capacity have you know this reference?

____ Job Supervisor ____ Volunteer Supervisor

____ High School Teacher ____ Coach

____ College Instructor ____ Clergy

____ Other (specify) _____

Name _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

How long have you know this reference? Years _____ Months _____

In what capacity have you know this reference?

____ Job Supervisor ____ Volunteer Supervisor

____ High School Teacher ____ Coach

____ College Instructor ____ Clergy

____ Other (specify) _____

Oscar Cross Boys & Girls Club of Paducah is a 501(c)3 (nonprofit) organization and donations are tax deductible.

Oscar Cross Boys & Girls Club of Paducah

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