



VOLUNTEER APPLICATION

NAME: _____ DATE: _____

DATE OF BIRTH: _____ SSN: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

IF LESS THAN 2 YEARS LIST PREVIOUS ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PREFERRED CONTACT METHOD: ___ Phone ___ Email

CURRENT EMPLOYER: _____

POSITION: _____ HOURS: _____

MAY WE CONTACT YOU AT WORK? _____

EDUCATIONAL BACKGROUND: _____

HOBBIES/INTERESTS/ACTIVITIES: _____

WHY ARE YOU INTERESTED IN VOLUNTEERING? _____

LIST PAST/PREVIOUS VOLUNTEER EXPERIENCE: _____

HOW DID YOU LEARN ABOUT THE BRIGADE BOYS & GIRLS CLUB?

Club Website Friend/Family Other: _____

Facebook VolunteerMatch.org



DAYS AND HOURS YOU ARE AVAILABLE:

Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____

PLEASE CIRCLE AREAS YOU WOULD BE INTERESTED IN VOLUNTEERING:

Athletics Education Social Recreation Mentoring
Performing Arts Visual Arts Special Events
Other: _____

AGE PREFERENCES:

Youth (5-9) Tween (10-12) Teen (13-18)

I certify that all information on this application is true. I understand that any false statements or information withheld will disqualify me from serving as a volunteer. I hereby authorize the Brigade Boys & Girls Club to make an independent investigation of my background, 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.

Signature of Applicant: _____ Date: _____