



VOLUNTEER APPLICATION

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS



(Please print all information requested except signature)

Last Name		First Name		Middle Name
Street Address				Primary Phone #
City	State	Zip Code	Alternate Phone #	
Email Address				Business Phone #
Emergency Contact Name				Emergency Contact Phone #
Name of Current Employer or School				Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no
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?		
Please check the highest level of education you have completed, and write in your area of study.				
<input type="checkbox"/> Some High School _____ <input type="checkbox"/> Bachelor's Degree in _____ <input type="checkbox"/> High School Diploma or GED concentration _____ <input type="checkbox"/> Masters Degree in _____ <input type="checkbox"/> Associate's Degree in _____				
Type of Volunteer				
<input type="checkbox"/> Coaching <input type="checkbox"/> Special events <input type="checkbox"/> Administrative Development <input type="checkbox"/> Tutor <input type="checkbox"/> Technology <input type="checkbox"/> Arts <input type="checkbox"/> Sports/Recreation <input type="checkbox"/> Tutor- subject:				
Other information/special skills which might be helpful:				
Please Circle Clubs you are interested in volunteering at:				
Administrative Office 54 Riverdale Avenue Buffalo, NY 14207	Riverside Teen Club 265 Skillen Street Buffalo, NY 14207	Black Rock/Assumption Unit 435 Amherst Street Buffalo, NY 14207	CSAT Unit 2503 Kenmore Ave Buffalo, NY 14207	
Newman Family Clubhouse 325 Franklin Street Tonawanda, NU 14150	Spruce Unit 195 Spruce Street North Tonawanda, NY	Town Clubhouse 54 Riverdale Avenue Buffalo, NY 14207		
Days/ Hours Available to Work:				
Monday: _____		Thursday: _____		
Tuesday: _____		Friday: _____		
Wednesday: _____		Weekends: _____		

References

We require at least 1 employee reference. This can be a school teacher or mentor if you are under 18. The second and third reference can be based on previous employment or personal contact. A personal reference CANNOT be a family member.

	Employment Reference	Reference 2	Reference 3
Name			
Company			
Position			
Telephone			
E-mail			

Have you been arrested for ANY crime within the past three (3) years? Yes No

EMERGENCY CONTACT INFORMATION

Emergency Contact Person

Relationship to emergency contact

Phone Number

Alternate Phone Number

My signature below certifies:

- All statements and information submitted on this application are true and correct
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check(s). I also release such agencies from liability for any information that they may provide.
- I understand that BGCNT is an at-will employer.

APPLICANT SIGNATURE

DATE

Northtowns Boys and Girls Clubs 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 to anyone except:

1. As mandated by law
2. To prevent a clear and immediate danger to the 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

Date

WAIVER & RELEASE OF LIABILITY

(Initial)

____ I hereby release the Northtowns Boys and Girls Clubs, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work. I am assuming the risk for any mental or physical harm I might incur.

____ I understand that it is my desire to further the work of the Northtowns Boys and Girls Clubs by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan. I acknowledge that I am not acting as an employee of the Northtowns Boys and Girls Clubs. I also acknowledge that I would not be covered under the Northtowns Boys and Girls Clubs Worker Compensation Plan.

____ I agree that all personal possessions/property kept in the Northtowns Boys and Girls Clubs buildings and on any property is my own responsibility. Northtowns Boys and Girls Clubs will not be held liable for any damage, loss, or theft.

____ I understand that Northtowns Boys and Girls Clubs provides charitable services to the public and does not prescreen members.

Volunteer Signature

Date

Background Check Information

Office use only Club Location: _____ Staff Requesting Check: _____ Volunteer Type: _____ (coach/tutor/etc.)

BGCNT pays for this background check. Please complete this form carefully, legibly, and accurately. Thank you.

Full Name: _____

Maiden Name or Alias Name: _____

Social Security Number: _____ - _____ - _____ Gender: _____

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

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize the Northtowns Boys and Girls Club and or volunteer advantage 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 Volunteer Advantage and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits 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 the same authorization form as my release and permission for doing so.

Information provided above will be kept strictly confidential and will only be used for organizational purposes.

Signature

Date