

		FOR OFFICE USE:
Vol	lunteer Ref #	Date

## **Volunteer Application Form**

Thank you for your interest in volunteering with the Boys & Girls Club of Lincoln/Lancaster County!

Volunteers play a vital role in our organization. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

## **Personal Details**

Name:	Mr. 🗌 Mrs. 🗎 Miss. 🗎 Ms. 🗀
Mailing Address:	
Telephone: (Home)	(Mobile)
Email	Birth Date:
If you are involved with us as a volunteer and an en	nergency arises, whom should we contact?
Name:	Relationship:
Contact Phone Number:	

## **Equal Opportunities**

The Boys & Girls Club is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability or age. The Boys & Girls Club fully endorses a working environment free from discrimination and harassment.

The Boys & Girls Club is committed to standards of excellence in Child Protection practices. Where your volunteer role may have direct contact with children, you will be required to complete a DHHS Consent Form.

Have you ever been convicted of a criminal offense? Yes $\square$ No $\square$
If yes, please provide details below:
Your Skills and Interests
1. Have you ever done any voluntary work before? Yes $\square$ No $\square$ If you answered yes, please tell us a little about the experience.
2. Why do you want to volunteer now? What has motivated you to get in touch with us?
3. Do you have any special skills or qualities that you could use in your volunteer work?
4. Are you applying for a specifically advertised position? Yes ☐ No ☐ If yes, please write the name of the position:

5. What kind of voluntary work interests you? (Check all that apply.)								
☐ Youth Programs – Middle School								
☐ Youth Programs – High School								
☐ Office/Cle		:						
	Event Activiti							
_	Project-Based Volunteering							
Photography/Videography								
☐ Internship								
☐ Other						_		
6. When are you available to volunteer? $\ \square$ Totally Flexible								
Marring	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning Afternoon								
Evening								
7. How many hours do you need?								
Reference Name:				Relations	ship:			
Place of Work: Position:								
Telephone: (Home)				(Mobile)				

E-Mail:	
Reference #2:	
Name:	Relationship:
Place of Work:(If applicable)	Position:
Telephone: (Home)	(Mobile)
E-Mail:	
Is there any additional information you woul	d like to bring to our attention?
•	ed is true. All my actions as a volunteer will reflect the being Child-Centered will be central to my role.
Signed:	Date:
FOR OFFICE USE ONLY	
Volunteer Position:	
Volunteer Interview:	
☐ Volunteer Role Description Sent	
☐ Reference 1 Collected ☐ Reference	2 Collected
Volunteer Start Date:	