



BOYS & GIRLS CLUBS
OF SOUTH SAN LUIS OBISPO COUNTY

Adult Volunteer Application

The Boys & Girls Clubs of South San Luis Obispo County is a non-profit organization serving youth between the ages of five and eighteen. Our members look to adults as role models and mentors. For this reason, we take every step possible to insure that volunteers are people of sound character and moral principles aligned with our mission. All volunteers must complete a background check, which is free of charge through the Boys & Girls Clubs of South San Luis Obispo County.

Full Name: _____

Street Address: _____ How Long there? _____

City: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

Employer: _____ Occupation: _____

I would prefer to work with ages: _____ 5-6 _____ 7-8 _____ 9-12 _____ 13-18 _____ All Ages

I have knowledge of and am willing to volunteer in the following areas:

- Arts & Crafts
- Games/Rec Activity
- Character Development
- Fine Arts/Crafts
- Sports/Fitness
- Technology/Computers
- Educations/Tutoring
- Teen Programs
- Music/Performing Arts
- Other: _____

Please fill in the days and times that you are available to volunteer:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

Are you interested in participating as a weekly volunteer? _____ Yes _____ No

Total number of hours you are available to volunteer: _____

Estimated length of commitment (example: 3 months, 6 months, indefinitely, etc.)

Do you speak any foreign languages? _____ Yes _____ No If yes what language? _____

Do you have any medical conditions you feel we should be aware of? _____ Yes _____ No

If yes, explain: _____

Are you a Boys & Girls Club Alumni? _____ Yes _____ No If yes, which club? _____

How did you hear about the Boys & Girls Clubs of South San Luis Obispo County?

Why do you want to volunteer at the Boys & Girls Clubs of South San Luis Obispo County?

List any previous volunteer experiences or work experiences you have working with youth:

Are you currently in college? _____ Yes _____ No If yes which college? _____

Please provide two personal references:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Please provide us with two emergency contacts:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

By signing this document, I am aware that the Boys & Girls Clubs of South San Luis Obispo County may contact the above listed references. I also give my authorization to release information requested concerning me to the Boys & Girls Clubs of South San Luis Obispo County. All of the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

*Our Mission is to enable all young people, especially those who need us most,
to reach their full potential as productive, caring responsible citizens.*