PLEASE RETURN COMPLETED APPLICATIONS TO:

ADMINISTRATIVE OFFICE: 3155 E. GRANT ROAD, TUCSON, AZ 85716 MAILING ADDRESS: PO BOX 40217, TUCSON, AZ 85717 Tel: 520.573.3533 • Fax: 520.573.3569



Required with Volunteer Application:

Photo ID

\$13.00 for Background Search For Court Ordered Community Service, Court documentation must be provided stating what offence occurred and hours needed.

ADULT VOLUNTEER APPLICATION

(Please Print)									
Name:			_ Phone:						
Address: _			_ E-mail:						
City:			State:	Z	/ip:				
Emergency	Contact:		. Phone:						
The following	years old or older? g information is option			Ethnicity:					
At which loca	ation would you like to	volunteer? (Monday – Friday; afte	er School Hours for	all clubhouses. 9am-5pm for Admir	nistration)				
Pascua	a Yaqui (Calle Torim)	□ Roy Drachman (12 ^t	^h & Valencia)	Valencia) Steve Daru (Speedway & Silverbell)					
□ Holme	s Tuttle (36 th & Kino)	□ Jim & Vicki Click (2	9 th & Columbus)	□ Frank & Edith Morto	on (Grant & Country Club)				
🗆 Admini	istrative Office (Grant & Co	untry Club)							
Indicate your area of interest: Homework Help / Tutoring Music/Theater/ Dance Arts/Crafts Outreach/Fundraising (Admin Only) Sports/Fitness/Recreation/Coaching Mentoring Cooking/Nutrition Office Support (Admin Only) Special interests, hobbies, subject(s) for tutoring: What age range do you feel comfortable working with (check all that apply): 7 to 9 10 to 12 Teens Education Highest Level of Education:									
Please fill in t	the days and times tha	t you are available to voluntee	r.						
Times	Monday	Tuesday	Wednesday	Thursday	Friday				
Total number of hours each week you are available to volunteer:									
How did you hear about volunteer opportunities at the Boys & Girls Clubs of Tucson?									
Website		Volunteer Fair/ Outreach		Word of Mouth					
Social Media		Radio, TV, PSA		Other :					

Will your volunteer time fulfill:

Court Assignment	School Requirement			
Copy of assignment required.	School Name:			
✤ Number of Hours:	Number of Hours Needed:	Deadline:		
Corporate / Community Program	Other			
Please specify:	Please specify:			
What is your current occupation? Employer's Name:				
Have you ever VOLUNTEERED with us before? Have you ever been EMPLOYED with us before?				

If yes, what was the name and location of the club?

REFERENCES Complete information for at least three references. Professional references are preferred .								
Name	Kind of Reference (Personal or Professional)	E-mail	Phone Number (REQUIRED)					

List all volunteer or employment experiences working with youth:

Last Name: _____

UNDERSTANDING & AGREEMENT

I hereby authorize Boys & Girls Clubs of Tucson to make an independent investigation of my background, references, character, employment or education for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering.

I understand that a comprehensive background report will be requested and that volunteering is contingent upon receipt of a satisfactory background report and reference check. I understand that background checks will be conducted on all current volunteers at the time of service and every year thereafter. Consent to conduct these routine checks is a condition of volunteer service.

It is my desire to further the work of BGCT by performing services as a volunteer and I understand that I undertake these services as a volunteer without compensation. I acknowledge that I am not acting as an employee of BGCT and I am not covered under BGCT's Workers' Compensation plan. I hereby release BGCT, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with BGCT.

I agree that all personal possessions/property are my own responsibility and that BGCT will not be held liable for any damage, loss or theft.

I understand that I may be required to submit a sample for drug testing during a random check, for reasonable suspicion and post-accident.

I certify that the information on this volunteer application is true and correct to the best of my knowledge.

Date: _____

CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the members that we serve and their families. 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 a person or persons; and/or 3) If 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 separation, shall maintain youth and organizational 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. My signature below certifies that I will comply fully with the confidentiality statement as stated above.

Signature: _____

Date: _____

FAIR CREDIT REPORTING ACT CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

PLEASE REVIEW CAREFULLY BEFORE SIGNING AUTHORIZATION

I authorize Boy's and Girl's Clubs of Tucson and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level relating to my past activities, and authorize the foregoing entities to supply any and all information concerning my background. The information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records.

I understand that an Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any Investigative Consumer Report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I am willing that an electronic or photocopy of this authorization be acceptable with the same authority as the original; and that if employed by the above named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.

By my signature below, I acknowledge receipt of this Disclosure and Release of Information Authorization and certify that I have read and understand it.

Signature	Social	Social Security Number		
Personal Telephone Contact Numb	ber Email /	Address		
NOTE: The following information i as part of your application. It is Employment Application. PLEASE	used only for identificati			
Last Name	First Name	First Name		
Please list all aka's including maide	en names			
Street Address	City	State	Zip Code	
Driver's License Number	State of License	e Expiration Date	Date of Birth	
r	isk 🗙			
	ssessme	ent		
	roup employ	yment ing and ation		
	www.riskassessmentg 866-777-1114			