

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  
EMAIL:  
VOLUNTEER@BGCTUCSON.ORG



# BOYS & GIRLS CLUBS OF TUCSON

Required with Volunteer Application:

- Photo ID
- \$9.00 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: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you 18 years old or older?  Yes  No

The following information is optional.

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

At which location would you like to volunteer? (Monday –Friday; after School Hours for all clubhouses. 9am-5pm for Administration)

- Pascua Yaqui (Calle Torim)  Roy Drachman (12<sup>th</sup> & Valencia)  Steve Daru (Speedway & Silverbell)  
 Holmes Tuttle (36<sup>th</sup> & Kino)  Jim & Vicki Click (29<sup>th</sup> & Columbus)  Frank & Edith Morton (Grant & Country Club)  
 Administrative Office (Grant & Country Club)

Indicate your area of interest:

- Homework Help / Tutoring  Music/Theater/ Dance  Arts/Crafts  Outreach/Fundraising (Admin Only)  
 Gardening  Science/Math/Computers/Technology  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 the days and times that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Total number of hours each week you are available to volunteer: \_\_\_\_\_

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): \_\_\_\_\_

What date are you available to begin? \_\_\_\_\_

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

❖ Copy of assignment required.

❖ Number of Hours: \_\_\_\_\_

Corporate / Community Program

Please specify: \_\_\_\_\_

School Requirement

School Name: \_\_\_\_\_

Number of Hours Needed: \_\_\_\_\_ Deadline: \_\_\_\_\_

Other

Please specify: \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Have you ever VOLUNTEERED with us before? \_\_\_\_\_ If yes, date(s) and clubhouse: \_\_\_\_\_

Have you ever been EMPLOYED with us before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Are you a former member of a Boys & Girls Club?  Yes  No

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:

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**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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**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 Boys & Girls Club 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 Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Telephone Contact Number

\_\_\_\_\_  
Email Address

NOTE: The following information is needed to conduct a background investigation and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Please list all aka's including maiden names \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Date of Birth



**Risk Assessment Group**  
Background Screening & Hiring Solutions

www.riskassessmentgroup.com  
866-777-1114