

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



BOYS & GIRLS CLUBS OF TUCSON

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: _____ Zip: _____
 Date of Birth: _____ Gender: _____ Ethnicity: _____
 Emergency Contact: _____ Phone: _____

At which location would you like to volunteer?

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

Indicate your area of interest:

- Homework Help Music Arts/Crafts/Theater/Dance Computers/Technology
 Gardening Tutoring* Science & Math Sports/Fitness/Recreation
 Coaching Mentoring Cooking/Nutrition Administration/Front Desk

Special interests, hobbies, or other activities: _____

What age range do you feel comfortable working with (check all that apply): 7 to 9 10 to 12 Teens

*Tutoring – list subject areas that you are comfortable tutoring in: _____

Education

	Name/Location of School	Course of Study	Diploma or Degree Received
High School			
Undergraduate			
Graduate			
Other			

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? _____

Will your volunteer time fulfill:

Court Assignment

❖ Copy of assignment required.

School Requirement

School Name: _____

Address: _____ Number of Hours: _____

Community Service

❖ Number of Hours: _____

Other

Please specify: _____

Corporate / Community Program

Please specify: _____

When do your hours need to be completed by? _____

What is your current occupation? _____

Employer's Name: _____

Employer's Address: _____

Supervisor: _____ Phone Number: _____

Dates of Employment: _____

How did you hear about volunteer opportunities at the Boys & Girls Clubs of Tucson? _____

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? _____

What size t-shirt do you wear? Small Medium Large XL 2XL

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

Do you have any physical limitations? Yes No

If yes, explain: _____

List all volunteer or employment experiences working with youth:

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: _____

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: _____

CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

I authorize Boy's & 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, 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 this information may be transmitted electronically and authorize such transmission.

If currently employed: My employer may be contacted,

YES
 NO
 N/A ___ Post Hire Only ___ Applicant's Initials

I understand that a Consumer Report or 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 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. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. 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.

Are you applying for employment in the State of California? ___ Yes ___ No
If you are applying for employment in the State of California please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? ___ Yes ___ No
If so, would you like a copy of any Consumer Report prepared for you? ___ Yes ___ No

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made. *I am willing that a 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.*

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