

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

Please Include the following materials with
your application:

- Completed application and
background check authorization

COMMUNITY GROUP PARTNER APPLICATION

Name of Group: _____

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: _____

Have you ever VOLUNTEERED with a Boys & Girls Club organization?

_____ If yes, date(s) and clubhouse: _____

Have you ever been EMPLOYED with any Boys & Girls Club organization?

_____ 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? _____

UNDERSTANDING & AGREEMENT

I hereby authorize the 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 all 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: _____

Please download this form and email it to volunteers@bgctucson.org