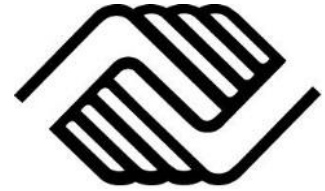


VOLUNTEER APPLICATION



BOYS & GIRLS CLUB OF BURLINGTON



62 Oak Street, Burlington, VT 05401
(802) 864-5263 Phone

Name(first, last): _____ Today's Date: _____

Street Address: _____ Town; _____ Zip: Code _____

Home Phone #: (____) _____ Email Address: _____

VOLUNTEER PROGRAM AREA DESIRED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Athletics | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Art | <input type="checkbox"/> Kid's Café/Cooking programs |
| <input type="checkbox"/> Buildings and Grounds | <input type="checkbox"/> Education/Homework | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> OTHER _____ | | |

SITE DESIRED:

- | | |
|--|---|
| <input type="checkbox"/> Main site
62 Oak Street
Burlington, VT 05401
Grades 4-12 /Administrative | <input type="checkbox"/> I.A.A.
6 Archibald Street
Burlington, VT 05401
Grades K-3 |
|--|---|

Describe the skills and / or experience you have that would help you succeed as a Club volunteer.

Have you ever volunteered before? Yes No

If yes, where and in what capacity _____

Are you volunteering to complete a community service requirement? Yes No

If yes, for: School Court-ordered Other _____

Have you ever been convicted of a felony? Yes No

If yes, explain _____

Are you able to commit to volunteering a minimum of 2 hours a week for 3 months? Yes No

What is your preferred volunteer schedule? : _____

Please indicate which days and time periods you are available to volunteer:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Morning____	Morning____	Morning____	Morning____	Morning____	
Afternoon____	Afternoon____	Afternoon____	Afternoon____	Afternoon____	Afternoon____
Evening____	Evening____	Evening____	Evening____	Evening____	Evening____

Additional Comments: _____

REFERENCES:

List three adult references (not relatives) that you wish us to contact. These people should have knowledge of your character, experience, and abilities.

Name	Phone Number	Email Address	How Known?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that no verbal promises or guarantees relating to volunteer work are binding upon the Club and that, if accepted I will be a volunteer "at will" and may be discharged any time for any reason. I also understand that I will have an interview, background check, and training before I can volunteer.

Applicant's Signature _____ Today's Date: _____

Child Care Program Record Check Authorization Form

Print the name of the Child Care program exactly as it appears on the License Certificate:

_____ (Certificate Number)	_____ (Name of the program on the License Certificate)	
_____ (Town of Program)	_____ (Program Telephone #)	_____ (Employment Start Date)

Circle position held: *(see licensing regulations if you need additional help to determine which position applies)*

Director	Trainee	AS Program Administrator	Auxiliary Staff	Household Member/ Care Provider
Licensee/Owner	Aide	AS Program Staff	Partner Staff	AS Youth Volunteer/ Leader in Training
Teacher	Substitute	AS Activity Specialist	Family Child Care Provider	
Teacher Associate	Business Manager	Non-Parent Volunteer	Household Member	
Assistant				

Print: _____
(Last Name) (First Name) (Middle Name)

Print maiden name and all other names used: _____

Personal Contact Number: _____ All States lived in the last 5 years: _____

Mailing Address: _____
(Street, Road, or PO Box) (City/Town) (State) (Zip code)

Email: _____

Social Security #: _____ Date of Birth: ____/____/____ Age: _____

Place of Birth: _____ Male Female
(Town) (State)

Have you been employed in child care in the state of Vermont within the past 180 days? Yes No

If yes, where? _____ Date left: ____/____/____

Have you ever been convicted or found by a court to have committed a felony, a fraud, a crime of violence or unlawful sexual activity and/or had abuse or neglect substantiated against you? Yes No

If YES, give conviction description: (attach additional sheets as needed): _____

I authorize the Department for Children and Families to perform an investigation, and examine records including, but not limited to, the abuse and neglect records maintained by the Department for Children and Families and the Adult Abuse Registry, and criminal records and registries maintained by or accessible to the Vermont Crime Information Center. I understand that my Social Security number is required to conduct background checks. Furthermore, I understand my information will be added to VCIC subscription service. I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Crime Information Center by writing to: Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300

Signature: _____

Date: _____

Keep a copy for your record.

Mail to:

FORMS THAT ARE
INCOMPLETE OR CANNOT
BE READ EASILY WILL BE
REJECTED

Child Development Division
NOB 1 North - 280 State Drive
Waterbury, Vermont 05671-1040
Or fax to: 802-241-0848





**BOYS & GIRLS CLUB
OF BURLINGTON**

**VOLUNTEER DISCLOSURE
AUTHORIZATION AND RELEASE**

I understand that in connection with my application for, Volunteer Services, and /or for Continuous Volunteer Services, the Boys & Girls Club of Burlington, Inc., First Advantage, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History.

I understand that The Boys and Girls Club of Burlington may rely on any part or all of this information in determining whether to extend an offer of Volunteers' duties to me. I further understand that if any adverse action is taken by the Boys and Girls Club of Burlington, or if the Boys and Girls Club of Burlington chooses not to extend an offer of Volunteer duties to me based upon the Information, that I will be provided a copy of such Information.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Volunteer status and/or my eligibility for Continued Volunteer Duties.

I have read this Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I hereby release any and all Investigators, including the Boys & Girls Club of Burlington, Inc., from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application with the Boys and Girls Club of Burlington. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature

Date

Printed Name

Social Security Number

Date of Birth

Former Last Names (if applicable)

Current Address:

Street City State Zip

Former Address:

Street City State Zip