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| Club | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BGCWCL | | | | | | | | | | | | | | | |
| **Volunteer Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | | |  | |
| (Last Name) | | | | | | | | | | | | | (First Name) | | | | | | | | | | | | | | (Middle) | | | | | | | | | | | | | | (Suffix) | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |
|  | | (City) | | | | | | | | | | | |  | (State) | | | | | | | | | | | | | | | | | | | | | |  | (Zip) | | | | | | |
| Phone: | | | |  | | | | | | |  |  | | | | | | | | | | | | | | |  | | | Mobile | | | | | |  | | |  | | | Landline | |  |
|  | | | | (Area Code) | | | | | |  | | (Primary Phone Number) | | | | | | | | | | | | | |  | | | | | (Phone Type) | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  |  | | | | | | | | | | | | | | |  | | | Mobile | | | | | |  | | |  | | | Landline | |  |
|  | | | | (Area Code) | | | | | |  | | (Secondary Phone Number) | | | | | | | | | | | | | | |  | | | | (Phone Type) | | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | |  | | Relationship: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Phone: | | | |  | | | | | | |  |  | | | | | | | | | | | | | | |  | | | Mobile | | | | | |  | | |  | | | Landline | |  |
|  | | | | (Area Code) | | | | | |  | | (Primary Phone Number) | | | | | | | | | | | | | |  | | | | | (Phone Type) | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  |  | | | | | | | | | | | | | | |  | | | Mobile | | | | | |  | | |  | | | Landline | |  |
|  | | | | (Area Code) | | | | | |  | | (Secondary Phone Number) | | | | | | | | | | | | | | |  | | | | (Phone Type) | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Current Employer: | | | | | |  | | | | | | | | | | | | | | | | | Position: | | | | | | | | | |  | | | | | | | | | | | |
| *Used for reporting purposes only.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you a Boys & Girls Club Alum? | | | | | | | | | | | | | |  | Yes | |  | | No | | If yes, where? | | | | | | | | | | |  | | | | | | | | | | | | |
| 2. Have you previously volunteered with BGCWCL | | | | | | | | | | | | | |  | Yes | |  | | No | | | If Yes, which Club? | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **[Continue to Volunteer Background Check Authorization Form](#VolunteerBackgroundCheckAuthorization)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BGCWCL Administrative Office Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received: | | | | | Click or tap to enter a date. | | | | Notified | | | | | | | Click or tap to enter a date. | | | | | | | | | Orientation Date/Time: | | | | | | | | | | | | | | | | | | Click or tap to enter a date. | |
| Accepted |  | | | Denied | | |  | Entered into Neon: | | | | | | | |  | | | | | | | Start Date: | | | | | | | | | | | | Click or tap to enter a date. | | | | | | | | | |
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| **Volunteer Background Check Authorization**  In conjunction with my application to volunteer for BGCWCL, I understand that you intend to hire Selection.com to obtain Consumer Reports and /or Investigative Consumer Reports (hereinafter called “Reports”) about me as defined in the Fair Credit Reporting Act (FCRA). In order to protect our Club members, Boys & Girls Clubs of West Chester/Liberty completes a background check on all volunteer applicants. The background check reviews national and local criminal files and national sexual offender files only. **WE DO NOT RUN A CREDIT CHECK OF ANY KIND.**  I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer allowing me to volunteer. If you contemplate making an adverse volunteer-related decision that will affect me based, in whole or in part, upon a “Report” obtained from Selection.com, I will be provided with a copy of the “Report” and a written summary of my Consumer Rights under the FCRA before you finalize that decision.  I have read the above disclosure, and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am approved to volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain “Reports” about me from Selection.com at any time during my volunteer service with you. A photocopy or facsimile of this authorization shall be as valid as the original. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | Date | | | | Click or tap to enter a date. | | | | | | |
| **THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name |  | | | | | | |  |  | | |  | | |  | | | | |  |  | | - |  | - |  | | |
|  | (Last Name) | | | | | | |  | (First Name) | | |  | | | (Middle Name) | | | | | | Social Security Number | | | | | | | |
| Previous or Maiden Name (if applicable) | | | | | |  | | | | | | | | | | | Phone Number | | | |  | | | | | | | |
|  | | | | |  | |  | | | | | | |  | |  | | | | | |  | |  | | | | |
| (Street Address) | | | | |  | | (City) | | | | | | |  | | (State) | | | | | |  | | (Zip) | | | | |
| **List states and counties of residence, other than above, for the past seven (7) years:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  |  | | |  | | |  | |  | | | | | |  | |  | | | | | |  |  |
| (County) | |  | | (State) |  | | | (County) | | |  | | (State) | | | | | |  | | (County) | | | | | |  | (State) |
| DATE OF BIRTH: | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| BGCWCL collects this information for identification purposes only and understands age to be a protected characteristic and the information requested will not be used as the basis for any volunteer approval decision. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*RACE |  | | | | | | | | | \*GENDER | | | | | | | | |  | | | | | | | | | |
| **\*Supplying this information is optional. It will be used for demographic purposes for reporting to United Way of Butler County.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF FAXING REQUEST, THIS SECTION **MUST** BE COMPLETED BY EMPLOYER FOR PROCESSING | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Continue to Volunteer Informed Consent](#VolunteerInformedConsent) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Volunteer Informed Consent** | | | |
| As a volunteer of Boys & Girls Clubs of West Chester/Liberty I do so with no expectation of financial compensation.  I understand that I am expected to serve with an enthusiastic attitude and that I must treat all members with respect, dignity, and without discrimination. I will arrive on time each day that I am scheduled and conduct myself as a positive role model for all children.  As for any injury that I may sustain while conducting my volunteer duties, I am aware that I am **NOT** provided with any accident or Worker Compensation coverage.  I authorize Boys & Girls Clubs of West Chester/Liberty to complete a national and local criminal and sexual offender background report. I understand that I cannot begin volunteering until the check is completed and I have completed a volunteer orientation.  I understand that Boys & Girls Clubs of West Chester/Liberty will keep my application and background check results in a confidential file with limited employee access. My emergency information and interest information will be shared with the Club Director of the site I will be assigned.  Boys & Girls Clubs of West Chester/Liberty may use my likeness in any publications or other media (photos, television, etc.) without prior consent or review and without compensation.  I certify that the information previously listed is correct. Incorrect or incomplete information may result in forfeiture of the opportunity to volunteer for Boys & Girls Clubs of West Chester/Liberty.  My signature below confirms my commitment to Boys & Girls Clubs of West Chester/Liberty and acknowledges my agreement and acceptance of conditions as presented to me. | | | |
| Volunteer Name (print) |  | | |
| Volunteer Signature\* |  | Date: | Click or tap to enter a date. |
| **\*Signatures for the Background Check and Volunteer Consent forms will be obtained at volunteer orientation for e-mail submitted applications.** | | | |