



**BOYS & GIRLS CLUBS
OF MUNCIE**

• 1710 S. Madison Street; PO Box 820 • Muncie, IN 47308 • www.bgcmuncie.com • 765-282-4461 •

ADULT VOLUNTEER APPLICATION

(Please Print)

Name: _____ Phone (Home): _____
 Address: _____ Phone (Work): _____
 City: _____ E-mail: _____
 State: _____ Zip: _____ Current Age: _____ Date of Birth: _____
 Social Security Number: _____

Are you interested in participating as a long- or limited-term weekly volunteer? Yes No

If yes, what area(s) of programming interest you most?

- | | | |
|---------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Games Room/Play Field | <input type="checkbox"/> Career Development |
| <input type="checkbox"/> Fine Arts/Crafts | <input type="checkbox"/> Technology/Computers | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Sports/Fitness | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Admin/Development |
| <input type="checkbox"/> Health Services | | |

Please fill in the days and times that you are available to volunteer.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

**Limited volunteer opportunities exist after 6:00 pm. Clubs are closed on weekends.*

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

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

List any special skills, areas of knowledge and/or experience (including non-English languages):

List any previous volunteer experiences (include name of organization) or experience working with youth.

What is your occupation? _____

Name and address of employer: _____

Are you a College/University student? Yes No

Name & location of school: _____

Are you volunteering as part of a Service-Learning course or program? Yes No

If yes, please provide the following: Course title: _____
Instructor's name: _____
Instructor's phone # or email address: _____

Please provide two personal references.

Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

How did you learn of Boys & Girls Clubs of Muncie?

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

If yes, what was the name and location of the club?

Are you volunteering as part of a corporate/community program or organization? Yes No

If yes, what is the name of the program/organization?

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

NOTE: Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and is not used in any manner to make decisions or judgments regarding a prospective volunteer.

Gender: Female Male

Race/Ethnicity:

- | | | |
|-------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Native American/Native Alaskan |
| <input type="checkbox"/> South Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Mixed-Ethnicity |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Other _____ |

BY SIGNING THIS DOCUMENT I AM AWARE THAT BOYS & GIRLS CLUBS OF MUNCIE MAY CONTACT THE ABOVE LISTED REFERENCES. I ALSO AGREE TO SUBMIT MY FINGERPRINTS, IF REQUIRED, FOR THE PURPOSE OF A BACKGROUND CHECK AND WILL NOT ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.

Applicant Signature:

Date:

PLEASE RETURN COMPLETED APPLICATIONS TO:

BOYS AND GIRLS CLUBS OF MUNCIE
1710 S. MADISON ST; PO BOX 820
MUNCIE, IN 47308
FAX: (765) 282-4461