





Volunteer Application

* PLEASE PRINT. *

Date of Appli	cation:	Unit:						
PERSONAL:								
Name:	Last	First		Midd	dle			
Address:	Street (Must have street address. No P.O. Box.)		City	State	Zip Code			
Home Teleph	one:		Cell Phone: _					
Social Securi	ty #:							
Other Names	S You Have Used:							
Driver's Licer	nse #		D.O.B		State:			
POSITION OF	BJECTIVE:							
Position Desired: Date Available:								
Have you eve	er worked or volunteered at a	Boys 8	& Girls Club or	ganization?	YES	NO		
If yes, please	list the organization(s)							
Type of Volun	teer Desired (circle one):							
Full Time	Part Time	Sum	mer/Seasonal	I	AmeriCorp	os/Volunteer		
Location Pref	ference:	No Preference (circle if appropriate)						

GENERAL INFORMATION:

Но	w were you referre	ed to	th	e E	Boys	s & Girl	s Clu	ub? _		
An	y felony conviction	ns?		Y	ES	NO	If	yes,	explain	
ad an	mitted committing	g any sdict	y of tior	f th	e fo	ollowing efined in	g crir	minal	l offense	or have you ever been convicted of or s in this state or similar offenses in 23, Mississippi code of 1972 or Section
a.	Sexual abuse of	a m	nino	or					m.	Child Abuse
b.	Incest	Incest							n.	Sexual conduct with a minor
c.	First or second-degree murder							0.	Molestation of a child	
d.	Kidnapping							p.	Aggravated Assault	
e. f.	Arson Sexual Assault							q.	Felony offenses involving distribution of marijuana or dangerous or narcotics drugs	
g. h. i. j. k.	Sexual exploitation of a minor Contributing to the delinquency of a minor Commercial exploitation of a minor Manslaughter Burglary Robbery							or	r.	A dangerous crime against children or aggravated assault committed against a minor resulting in a serious injury or committed by the use of a deadly weapor or dangerous instrument
	s (initial here) nvicted of any of tl				an (certify i	f hire	ed th	at I am <u>r</u>	not awaiting trial and I have <u>never</u> been
ED	UCATIONAL BACI	KGR	OU	IND	(C	ircle th	e Nu	ımbe	r of Year	s Completed):
Hig	gh School	1	2	3	4	Name	of S	Schoo	ol:	
Со	llege	1	2	3	4	Name	of S	Schoo	ol:	
Gra	ad School	1	2	3	4	Name	of S	Schoo	ol:	
Otł	ner School(s)	1	2	3	4	Name	of S	Schoo	ol:	
De	scribe your major	area	as (of s	stuc	dy and I	list a	ıny de	egrees/c	iplomas:

SPECIALIZED SKILLS AND KNOWLEDGE:

List any achievements or activities that you consider relevant to your ability to perform the job for which you are applying, such as awards received, memberships, or offices held in professional organizations, publications, licenses held, computer language or software programs, foreign languages (proficiency in speaking and/or writing), etc. (You may omit those that indicate race, color, religion, national origin, ancestry, sex, age, existence of a disability, medical condition, marital status, sexual orientation, or citizenship):

VOLUNTEER RIGHTS AND RESPONSIBILITIES

- Be assigned a job that is worthwhile and challenging with freedom to use existing skills or develop new ones
- Be trusted with confidential information that will help me carry out assignments
- Expect valid recommendations from supervisors
- NEVER report to any assigned site under the influence of drugs or alcohol
- NEVER use inappropriate verbal language
- Ensure the hours I serve are reported monthly
- Be on time each day I volunteer

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment will be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
In Order to safeguard the well being of the youth served by our organization, I authorize the Boys & Girls Clubs of the Mississippi Delta to verify all information provided by me on this application or in support of my efforts to obtain employment with the organization. I hereby authorize any prior employer listed on this application, except as noted, and/or any educational entity or person on this application to disclose to the organization any and all letters, reports and other information related to my work or educational record, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers, all educational entities listed on this application and all other persons or organizations from any and all claims, demands or liabilities arising out of or in any why related to such investigation or disclosure.

I understand that it is a requirement of the organization that all employees who work with or have contact with children must have a criminal background check. I understand that the background check will be used to check criminal history records.						
I understand that nothing contained in this application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create a contract between the organization and me. In addition, I understand and agree that if I am employed, my employment is "at-will" which means employment is for no definite or determinable period and may be terminated at any time with or without cause or notice, at the option of the organization or myself. I also understand that no promises or representations contrary to the foregoing are binding on the organization unless made in writing and signed by the organization's Executive Director.						
PRE-EMPLOYMENT DRUG SCREENING CONSENT						
I understand that all person(s) involved with children, who represent one of the three agencies listed above, is subject to a random drug screening test. I further understand that either failure to submit to a urine sample or if the analysis reveals the presence of drugs or other controlled substances, I will be immediately terminated.						
I hold harmless the Boys & Girls Clubs of the Mississippi Delta, its officers, agents, employees, directors, volunteers and members as well as the testing agency from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may volunteer with this organization.						
I have read this form in full and understand the above statements.						
Printed Name: Signature:						
Date: Witness:						

THE BOYS & GIRLS CLUBS OF THE MISSISSIPPI DELTA IS A DRUG-FREE AND SMOKE-FREE WORKPLACE WE ARE AN EQUAL OPPORTUNITY EMPLOYER



Mississippi	ADMINISTRATION US	SE ONLY
Form MDHS-SS-482A	Date:	_
Revised 05-23-91	Passed	Failed
	Checked by:	
PERMISSION FOR BACKGROUND CHECK		
I give my permission for Boys & Girls Clubs of the Mississippi Delta to screening with law enforcement, the Child Abuse Central Registry, pre other persons to determine my suitability in working with children. I ur is a part of my application for a foster parent, adoptive parent _ worker, child placing worker, or day care worker, re other child care worker, school employees, or other I further understand that this information will only be used in regard to	vious employers, and derstand that this p, residential chiespite care provider_ volumteer (Please	d any ermission ld care, or e Specify).
Signature		
Print Name		
Social Security No		
Date of Birth		