

VOLUNTEER APPLICATION

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*All volunteers will be required to successfully complete a background check prior to volunteering.

NAME:		DATE:	
ADDRESS:		CONTACT PHONE:	
CITY, STATE, ZIP:		E-MAIL ADDRESS:	
EMPLOYER:		EMPLOYER ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE #:	
HIGHEST LEVEL OF EDUCATION COMPLETED:		SCHOOL:	
WHAT DATE ARE YOU AVAILABLE TO START VOLUNTEER SERVICE?		HOW MANY HOURS PER WEEK CAN YOU VOLUNTEER?	
WHAT DAYS AND TIMES ARE YOU AVAILABLE? (CLUB HOURS ARE TYPICALL FROM 3 PM TO 6 PM, EXCLUDING SPECIAL EVENTS)		DAYS: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	TIMES: <hr/> <hr/> <hr/> <hr/> <hr/>
WHY DO YOU WANT TO VOLUNTEER WITH THE ULBRICH BOYS & GIRLS CLUB?			
WHAT SPECIAL SKILLS, QUALIFICIATIONS, OR INTERESTS DO YOU HAVE THAT WILL HELP YOU IN THIS POSITION?			
HOW DID YOU HEAR ABOUT US? ARE YOU A BOYS & GIRLS CLUB ALUM, PAST EMPLOYEE, PARENT VOLUNTEER, OR COMMUNITY PARTNER AFFILIATE?			
Please return application to: Martha Butterworth, Administrative Assistant at 72 Grand Street, Wallingford CT 06492 203.269.7535 (Phone) mbutterworth@ulbrichbgc.org (E-mail)			

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **the Ulbrich Boys & Girls Club** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteer service now and, if applicable, during the tenure of my volunteer service with the Ulbrich Boys & Girls Club.

I release the Ulbrich Boys & Girls Club and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name and/or Other Names Used

Present Address How Long?

City/State/Zip

Former Address How Long?

City/State/Zip

____/____/____ ____ | ____ | ____ _____ - _____
Date of Birth Social Security Number Driver's License Number State

Signature Date

**NOTE: The above information is required for identification purposes only and this application will only be considered IF and WHEN all of the above information is completed.*

Cleared: Yes No