



VOLUNTEER APPLICATION

Location:
Berryhill _____
Downey _____
John N. Hall _____

Type:
_____ Court Appointed
_____ Regular Volunteer
_____ School/Senior Project

Please Print:

Name: _____ Soc. Sec. #: _____

Address: _____ City: _____ Zip: _____

Phone: _____ D.O.B: _____

Emergency Contact: _____ Relationship: _____

References: _____

Where did you learn about our volunteer opportunities: _____

What type of transportation do you use: _____

If you seeking to volunteer in order to satisfy court-ordered community service, how many hours are you required to do: _____ what date should your hours be completed by: _____

Are you seeking to volunteer in order to satisfy your High School Senior Project: _____Y _____N

If yes, how many hours are you required to do: _____ what date should your hours be completed by: _____

Any past or present volunteer experience: _____Y _____N If yes, explain: _____

Are there any physical limitations/treatment, which might limit your ability to perform certain types of work: _____Y _____N If yes, please explain: _____

Availability:

This section will help determine the best days and times for your volunteer activity. Please mark all the days and times you will be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability						

Commitment:

What length of time are you willing to volunteer: _____

Interest Inventory: This section will help determine what volunteer activities you might like to participate in. please check the area(s) that interest you. Check as many or as few as you like!



I would enjoy:

- | | |
|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Assisting a child with Computer help |
| <input type="checkbox"/> Sports Coach/Assistant | <input type="checkbox"/> Listening to a Child Read |
| <input type="checkbox"/> Music Leader/Assistant | <input type="checkbox"/> Playing Board Games |
| <input type="checkbox"/> Arts & Crafts Activity Assistant/Instructor | <input type="checkbox"/> Assisting with Fundraising |
| <input type="checkbox"/> Leading a Recreational Activity | <input type="checkbox"/> Leading a Discussion Group |
| <input type="checkbox"/> Serving as a Mentor for Teens | <input type="checkbox"/> Chaperoning a Field Trip |
| <input type="checkbox"/> Assisting with Office/Clerical Work | <input type="checkbox"/> Other: _____ |

Skills and Experience:

Educational Background: _____ Occupation: _____

Hobbies, Interests and Activities you enjoy: _____

Preferences in Volunteering:

Members of the Boys & Girls Club are ages 6 to 18. Which age groups would you most enjoy working with? Check as many as you like?

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 6 & 7 | <input type="checkbox"/> 8 & 9 | <input type="checkbox"/> 10 to 12 |
| <input type="checkbox"/> 13 to 15 | <input type="checkbox"/> 16 to 18 | <input type="checkbox"/> No preference |

Is there a particular type of volunteer work in which you are interested? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Working one-on-one | <input type="checkbox"/> Working directly with Staff |
| <input type="checkbox"/> Assisting in Admin. Duties | <input type="checkbox"/> Working on Group Projects |
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Facilitating Training/Workshops |

Note: If you are under the age of 18 years old a parent signature is needed before you are able to begin your volunteer hours.

Parent Signature _____
Date

***Note: If you are over the age of 18 and you are volunteering for active programming the following documents are needed before you are able to begin:**

- PA Criminal History
- Child Abuse History
- FBI Fingerprinting
- Urine Analysis Test

Applicant's Signature _____
Date



BOYS & GIRLS CLUB
OF HARRISBURG