



**BOYS & GIRLS CLUBS
OF MIAMI-DADE**

Volunteer Form

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Place of Work: _____ Work phone: _____

When can you start volunteering: _____

Can you volunteer on Saturdays? _____yes _____no _____sometimes

I would like to volunteer in these areas:

- Club Program Activities Fundraising Outdoor Activities Marketing
- Administrative Support Organizing Special Events Committee Member

I would like to Volunteer at :

- Hank Kline Club Kendall Club Northwest Club South Beach Club Gwen Cherry Club

Are you a former BGCMIA Alumni? If so, where? _____

References/Personal & Professional:

A reference should be a person (non-related) who is familiar with your qualifications and/or experiences as they relate to work with youth and adults. Please provide two references.

1. Mr./Mrs./Ms. _____ Last: _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone: _____ Evening Phone: _____

2. Mr./Mrs./Ms. _____ Last: _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone: _____ Evening Phone: _____

As a condition of volunteering with Boys & Girls Clubs of Miami-Dade, a successful criminal background investigation will be required.

Would you agree to a background check by the Boys & Girls Club of Miami-Dade? yes no

Have you ever been charged or convicted of a crime? yes no

Have you ever been charged or convicted of a crime involving a sex-related or child abuse-related incident yes no

If yes, describe: _____

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, age, disability, marital status, veteran status, or any other basis prohibited by federal, state, or local law.

THANK YOU FOR YOUR TIME IN COMPLETING THIS APPLICATION. THIS IS NOT AN APPLICATION FOR EMPLOYMENT. PLEASE READ AND SIGN.

For background purposes:

Date of Birth: _____

Driver's License #: _____

Social Security #: _____

States resided in the past 5 years: _____

Applicant Signature

Date

Copy of D/L inside box

(Official Use Only)

Approved _____ Denied _____

Dated: _____