

Boys & Girls Clubs of Miami-Dade

Volunteer Application

Applicant Information							
Full Name:							
Address:	Last		First		Middle		
Address.	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Date of Birth:Phone:			E-mail:				
Social Securi	ty No.:			Driver License No.:_			
I would like to volunteer in these programs:		☐Football ☐Flag Football		☐Basketball ☐Cheerleading	☐Baseball ☐Other:		
		☐Hank Kline Club ☐Kendall Club				Gwen Cherry Club Other: (admin, events ,etc)	
Are you a Boys & Girls Clubs Alumni? YES NO If yes, when & where did you attend?							
YES NO YES NO Have you ever been convicted of a felony? ☐ ☐ If yes, was it sex-related or child abuse-related? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
Reference							
Please list one professional reference.							
Full Name:					Relationship:		
Company:					Phone:		
Address:							
Disclaimer and Signature							
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-Da	YES NO		
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.							
I certify that my answers are true and complete to the best of my knowledge.							
Signature:					Date	e:	

Please include a color copy or scan of your Driver License with this application.

Please send this application directly to volunteer@bgcmia.org