



**COMMUNITY  
BOYS & GIRLS CLUB  
OF WILMINGTON**

## Volunteer Application

Community Boys & Girls Club of Wilmington, NC, Inc.  
901 Nixon Street P.O. Box 1612  
Wilmington, NC 28401  
Phone (910) 762-1252 Fax (910) 251-7933

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

1. Have you ever worked with children or teens before? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Are your children members of the Boys & Girls Club? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Club Name \_\_\_\_\_

3. Were you ever a member of a Boys & Girls Club? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Club Name \_\_\_\_\_

**4. VOLUNTEER EXPERIENCE:**

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Contact Person: \_\_\_\_\_ Duration: \_\_\_\_\_

Responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. AVAILABILITY:** Please fill in the days and hours that you are available to volunteer.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From						
To						

6. How much time can you commit? (Please check one) \_\_\_\_\_ 2 months \_\_\_\_\_ 4 months \_\_\_\_\_ 6 months \_\_\_\_\_ 9 months \_\_\_\_\_ 1 year

7. I prefer working with: \_\_\_\_\_ 6-9 yrs. \_\_\_\_\_ 10-12 yrs. \_\_\_\_\_ 13-18 yrs.

8. I enjoy working with: \_\_\_\_\_ Boys & Girls \_\_\_\_\_ Boys Only \_\_\_\_\_ Girls Only

9. Why are you interested in volunteering for our organization?

10. How did you find out about our volunteer needs?

11. Have you ever been convicted of a felony or misdemeanor? \_\_\_ Yes \_\_\_ No

If yes please explain:

12. Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Please list below any hobbies/interests you have that you are willing to share with the Boys and Girls at our Club.

**EDUCATION: (PLEASE INDICATE LAST YEAR COMPLETED)**

\_\_\_ Some High School

\_\_\_ Some College

\_\_\_ Graduate Study

\_\_\_ High School

\_\_\_ College Degree

\_\_\_ Graduate Degree

\_\_\_ Vocational School

\_\_\_ Other Education

**PERSONAL REFERENCES (Please Do Not Include Relatives)**

Name	Relationship	Address	Phone

**PLEASE READ AND SIGN BELOW**

The facts set forth on my volunteer application are true and complete. I understand that if accepted, any false statement on this application may result in my dismissal. In submitting this application to volunteer, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I also authorize you to conduct a police and F.B.I. background check of me which may require me to be fingerprinted. I acknowledge that I read and understand the preceding statements.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**\*For Office Use Only**

Club \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Total Hours \_\_\_\_\_