



Volunteer Application

Date: _____

I am volunteering as (check one below)

- An Individual
- A student, for school purposes
- A member of an organization/company

Full Name: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cellphone: _____

Email: _____

I prefer to be contacted via: ___ Phone ___ E-mail

Organization/Company Name: _____

Organization/Company Contact: _____

(If student) Name of school: _____ Year (grade): _____

Employer: _____ Job title: _____

How did you hear about Boys & Girls Club of New Rochelle?

Interests and Special Skills (check all the apply)

- | | |
|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Health & Self Esteem | <input type="checkbox"/> Club Facility maintenance (painting, landscaping) |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Special skills (web design, photography, finance, etc.) |
| <input type="checkbox"/> Art & Culture | Specify: _____ |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Are you Bilingual? ___ Yes ___ No, What language(s)?
_____ |

List below education, training, license or certifications that would be relevant to the position you are volunteering for: _____

Date available to start: _____ Day(s) Available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time of day: _____ (If applicable) Total amount of hours needed: _____

If seeking a seasonal or temporary position, what is the end date of your availability? _____

Do you have a location preference? ___ Yes ___ No if yes, specify: _____

*check WWW.BGCNR.ORG for after-school club locations



**BOYS & GIRLS CLUB
OF NEW ROCHELLE**

Do you have a valid driver's license? ___ Yes ___ No Access to an automobile? ___ Yes ___ No

Boys & Girls Clubs of New Rochelle (BGCNR) requires a background check for individual volunteers, or anyone who comes in direct contact with club members, for more than 10 hours and whom is over the age of 16 years old. The information requested below must be completed to determine eligibility and may require at least five business days to process.

Date of Birth: _____ SS#: _____

*(if applicable) Signature of exemption by supervisor _____

[For demographic tracking purpose only; BGCNR does not discriminate on the basis of sex, race, color, religion, citizenship, age, disability or national origin:]

Gender _____

Race: _____

Have you ever been convicted of a felony crime or a misdemeanor? ___ Yes ___ No

If yes, please list the date and place of the offense, the charge, circumstances and the disposition. The existence of a criminal record does not constitute an automatic bar to placement.

Have you ever had a substantiated charge of abuse or neglect? ___ Yes ___ No

If yes, please list the date and place of the offence, the charge, circumstances and the disposition.

I hereby certify that the answers given by me in this application are correct and without consequential omissions of any kind. I understand and agree that a false statement or omission constitutes sufficient cause for the withdrawal of any offer or my dismissal from any position resulting from this application.

I authorize Boys & Girls club of New Rochelle (BGCNR) at any time to conduct one or more investigations of my background, references, past employment, education, criminal history and financial status, as well as other information verifying or disputing the accuracy of information I have provided to BGCNR in connections with this application.

Further, I agree and understand that my position can be terminated with or without cause and with or without notice at any time at either the option of BGCNR or myself. If accepted as a volunteer for BGCNR, I agree to abide by all policies and procedures applicable to BGCNR volunteers. I will uphold all BGCNR and individual Club House policies, as well as regulations presented to me by the club house director and stated in the "Nonprofit Volunteer Safety Manual BGCNR".

Signature of Applicant _____

Date _____

If Applicant is under the age of 18:

I represent and warrant that I am the parent or guardian of the above minor and have full legal authority to execute this Application, and I hereby agree that the above minor and I will be bound by all of the terms of this Application.

Signature of Parent or Guardian _____

Date _____

Please return to:

Betzally Espichan, Director of Education
Boys & Girls Club of New Rochelle
79 Seventh Street, New Rochelle, NY, 10801
Email: bespichan@bgcny.org
Application can also be found online at www.bgcny.org