

Burkburnett Boys & Girls Club Volunteer Application

Please print or type Date: _____

Name: _____ S.S. # _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ DOB: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Where did you learn about our volunteer opportunities? _____

SKILLS AND EXPERIENCES

What sorts of hobbies, interests and activities do you enjoy?

What is your occupation? _____

Do you have any past or present volunteer experience? If yes, please describe.

INTEREST INVENTORY

This section will help you 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:

Tutoring – Which Subjects? _____

Sports Coach/Assistant – Which Sport(s)? _____

Music Leader/Assistant – Which Types? _____

Arts and Crafts Activity Assistant/Instructor

Helping a Child Use a Computer

Listening to a Child Read

Playing Board Game

Assisting with Fundraising

Leading a Recreational Activity

Acting as a Mentor

Leading a Discussion Group

Assisting with Office and Clerical Work

Chaperoning a Field Trip

Activities not Listed Above that I Am Interested in: _____

Preferences In Volunteering

Members of the Boys & Girls Clubs are ages 5 to 18. Which age groups would you most enjoy working with?

Check as many as you like!

- 5 to 8 Year Olds 9 to 10 Year Olds 11 to 12 Year Olds
 13 to 15 Year Olds 16 to 18 Year Olds Does not Matter

Is there a particular type of volunteer work in which you are interested?

Check all that apply to you.

- Working One-on-One with a Single Child Working Directly with a Staff Member as an Assistant
 Helping Around the Office in General Working on Group Projects
 A Variety of Duties Facilitating Trainings or Workshops with Children
 No Preference

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	Sunday
Time Available							

Commitment

What kind of a time commitment are you willing to make?

- One Time 6 Weeks - 3 Months 3 months - 6 Months
 6 Months - 9 Months 9 Months - 1 Year Other Time Commitment

Are there any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of activities? _____

References

Current Employer: _____

Address: _____

Phone Number: _____

Would you like us to notify your employer of your volunteer service? __Yes __No

Please list the names and phone numbers of three people who know you well and can attest to your character, skill and dependability. (Please do not list relatives.)

Name: _____

Phone No: _____

Address: _____

City: _____

Occupation: _____

State and Zip: _____

Name: _____

Phone No: _____

Address: _____

City: _____

Occupation: _____

State and Zip: _____

Name: _____

Phone No: _____

Address: _____

City: _____

Occupation: _____

State and Zip: _____

