



2019 ATHLETIC VOLUNTEER APPLICATION

PRINT Last Name		First Name	Middle	Date of Application
Maiden name/alias		Gender	D.O.B. (mm/dd/yyyy)	
Street Address			Primary Phone	
City	State	Zip Code		Alternate Phone
Email Address			Business Phone	
Emergency Contact Name			Emergency Contact Phone Number	
Name of Current Employer or School			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical conditions or allergies (if yes please list below) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer: _____ Would your employer be interested in sponsoring a team? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been arrested for any crime within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What sports are you interested in coaching? Please check all that apply.				
<input type="checkbox"/> Spring Baseball/Softball <input type="checkbox"/> Summer Baseball <input type="checkbox"/> Fall Flag Football <input type="checkbox"/> Winter Basketball <input type="checkbox"/> Spring Volleyball <input type="checkbox"/> Fall Tackle Football <input type="checkbox"/> Fall Volley Ball				
Out of which Branch are you interested in Coaching? <input type="checkbox"/> Bellingham <input type="checkbox"/> Ferndale <input type="checkbox"/> Blaine				
Additional Information:				
I'd like to be a Team Parent. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Which age group would you like to coach? <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th				
Is there a specific child in the program for which you want to coach? <input type="checkbox"/> Yes Name/s: _____				
Is there someone else you'd like to coach with? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/s: _____				
Is there anything else we should know about the team you'd like to coach? _____				
Do you have any criminal history or law violation other than traffic? Please explain: _____				

My signature below certifies:

- All statements and information submitted on this application are true and correct.
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check(s). I also release such agencies from liability for any information that they may provide.

APPLICANT SIGNATURE

DATE

For Staff Use Only (Check and initial)

ID Copy _____
 WSP Background _____
 First Advantage Background check _____
 Added into Vision database _____
 Shred Confidential Info Initial: _____



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The Boys & Girls Clubs of Whatcom County appreciates the gifts and talents that you are willing to share with the youth of Whatcom County! Providing safe and secure programs for our youths is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community.

PLEASE READ AND INITIAL EACH FOLLOWING STATEMENT

I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from the Clubs. _____

I hereby authorize this organization to conduct personal and professional background checks for the purposes of my application. This organization may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization that might be relevant to my desired position. I hereby release all persons listed in my application from any and all liability for damages that might occur during the Club's contact with the individuals for purposes of employment or volunteer services screening. _____

I also hereby give complete permission for the Clubs to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services. I authorize investigations of all statements contained in the application. _____

I waive all rights to inspect information provided about me by the persons previously mentioned. I have also read and understood the information stated above in this release and am signing below of my own free will. _____

I understand that this organization has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that that the Clubs cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors is grounds for immediate dismissal and possible criminal charges. _____

I declare that I have not perpetrated physical, sexual, emotional abuse or neglect against a minor or a vulnerable adult, and that I have never been accused of these acts. _____

I understand that I can withdraw from the application process at any time. _____

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide employment and/or volunteer services, and that refusal to inform the Clubs of the contents of a sealed criminal record will result in the automatic denial of the application. _____

NEW HIRES ONLY: I understand that a clear pre-employment drug test is mandatory for all employees, and all staff are subject to random, post-accident, and for cause drug testing during the tenure of their employment at the Club. Refusal to take a drug test will result in termination. _____

My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.**

Signature: _____ Date: _____

Printed Name: _____



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Legal Name: _____

First Middle Last

Social Security Number: _____ Date of Birth: _____
MM/DD/YYYY

WA State Driver's License Number: _____

I authorize the Boys & Girls Clubs of Whatcom County to use the information provided for the purposes of approving/rejecting my volunteer application.

Signature: _____ Date: _____

Printed Name: _____

NO BACKGROUND CHECK WILL BE COMPLETED WITHOUT PHOTO ID. PLEASE PLACE ID IN THIS SPACE WHEN COPYING OR SCANNING TO RETURN FOR PROCESSING.

BARRIER CRIMES

All individuals interested in working directly with any of our Club Members or in any ongoing administrative capacity, must pass a background check before they are permitted to become a volunteer with the Organization. This also includes individuals from any outside organization who will be volunteering within our organization or athletic leagues.

Barrier crimes that prohibit individuals from serving in volunteer roles include:

- Any felony conviction.
- All crimes against children – including pornography, molestation, abuse, abandonment, neglect, luring or endangering the welfare of a child.
- Any misdemeanor conviction involving force or threat of force, crimes involving sexual assault, rape, criminal sexual contact or lewdness.
- Controlled substances
- Cruelty to animals.