



# 2019 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				
Type of volunteer <input type="checkbox"/> Clubhouse <input type="checkbox"/> Specific Club program _____ <input type="checkbox"/> Board/Committee <input type="checkbox"/> Resource Development <input type="checkbox"/> Administrative			Have you <b>been arrested for any crime</b> within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate the times that you would be available (check the box of day and time below)							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>MORNING</b>							
<b>AFTERNOON</b>							
<b>EVENINGS</b>							
<b>OTHER</b>							

**Which location are you interested in volunteering at:**  
 Bellingham  Ferndale  Lynden  Blaine  Admin. Office (Bellingham)

<b>REFERENCES</b>			
Complete information for two references. <b>Former employers/supervisors are preferred.</b>			
Name	Kind of Reference (Personal or Professional)	How do you know this person? ( e.g. Supervisor, Co-Worker, Friend)	Phone Number (REQUIRED)

**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

**Return to:**

Kristin Holschbach | kholschbach@whatcomclubs.org  
 (360) 738-3808 | 1616 Cornwall Ave., Suite 111, Bellingham, WA 98225

**For Staff Use Only (Check and initial)**

ID Copy \_\_\_\_\_    
  WSP Background \_\_\_\_\_    
  First Advantage Background check \_\_\_\_\_  
 Volunteer orientation \_\_\_\_\_    
  Added into Vision database \_\_\_\_\_    
  Shred Confidential Info     Initial: \_\_\_\_\_



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## Boys & Girls Club of Whatcom County CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of service. I shall maintain child confidentiality and I shall hold confidential any sensitive information about this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

X \_\_\_\_\_  
 Volunteer signature Date

## WAIVER & RELEASE OF LIABILITY

\_\_\_\_ (Initial) I hereby release the BGCWC, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGCWC. I am assuming the risk for any mental or physical harm I might incur.

\_\_\_\_ (Initial) I understand that it is my desire to further the work of the BGCWC by performing services as a volunteer. I will undertake these services as a volunteer without a compensation plan, I acknowledge that I am not acting as an employee of the BGCWC. I also acknowledge that I would not be covered under the BGCWC Worker Compensation plan.

\_\_\_\_ (Initial) I agree that all personal possessions/property kept in the BGCWC buildings, on BGCWC property, and on any property used by the BGCWC are my own responsibility. BGCWC will not be held liable for any damage, loss or theft.

\_\_\_\_ (Initial) I understand that BGCWC provides charitable services to the public and does not pre- screen youth members.

X \_\_\_\_\_  
 Volunteer signature Date

## Background Check Authorization

I, the undersigned, pursuant to applying as a volunteer with the Boys & Girls Clubs of Whatcom County, hereby grant permission to the Boys & Girls Club Organization to use the information to run **any and all** local state, and national screening and background checks required **before and during** my association with the Boys & Girls Club Organization. I understand that any information gathered is strictly for the purpose of determining my suitability for working with you, and that all information gathered will be kept confidential.

X \_\_\_\_\_  
 Volunteer signature Date

\_\_\_\_\_  
Printed name

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