



2020 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 been arrested for any crime 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)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MORNING							
AFTERNOON							
EVENINGS							
OTHER							

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

REFERENCES			
Complete information for two references. Former employers/supervisors are preferred.			
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:
 Colleen Jacobson | cjacobson@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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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: _____

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.