



BOYS & GIRLS CLUBS
OF WHATCOM COUNTY

You must be fully vaccinated against COVID-19 to Volunteer

2022 ATHLETIC VOLUNTEER APPLICATION

Additional Information:

I'd like to be a Team Parent. Yes No

Which age group would you like to coach? K 1st 2nd 3rd 4th 5th 6th 7th 8th

Is there a specific child in the program for which you want to coach? Yes Name/s: _____

Is there someone else you'd like to coach with? Yes 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: _____

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: _____				Have you been arrested for any crime within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would your employer be interested in sponsoring a team? <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"/> Spring Volleyball		<input type="checkbox"/> Fall Tackle Football		<input type="checkbox"/> Winter Basketball	
		<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					

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)
.....



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ID Copy _____ WSP Background _____ Sterling Volunteers _____

Added into Vision database _____ Shred Confidential Info Initial: _____

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: _____



**BOYS & GIRLS CLUBS
OF WHATCOM COUNTY**

2022 ATHLETIC VOLUNTEER APPLICATION

Printed Name: _____

Legal Name: _____

First

Middle

Last

Date of Birth: _____ 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: _____

Please provide 3 references & their emails below:

Reference #1 Name: _____

Reference #1 email: _____

—

Reference #2 Name: _____

Reference #2 email: _____

—

Reference #3 Name: _____

Reference #3 email: _____

**Please attach a copy of your driver's license or state ID,
& a copy of your COVID-19 Vaccination Card!**

Once your background has been cleared through the WSPWatch system you will receive an invitation from Sterling Volunteers to complete the second step in the process. During this step you will be required to add your social security number into a secured system that the Boys & Girls Clubs of Whatcom County has no access to.