

ATHLETIC VOLUNTEER APPLICATION



BOYS & GIRLS CLUBS OF WHATCOM COUNTY

PERSONAL INFORMATION

Today's Date :

First Name : Last Name : Middle Initial :

Former Last Name or Alias : Date Of Birth :

Volunteer coaches must be 18 years old or older. Are you at least 18 years old? : Yes No

Street Address :

City : State : Zip Code :

Primary Email :

Primary Phone # : Secondary Phone # :

Gender : Male Female Non-Binary or Other Pronouns :

Name of Current Employer or school :

Emergency Contact Name & Phone # :

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Where are you interested in coaching? Bellingham Ferndale Other

Which grades would you like to coach? K 1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH +

What sports are you interested in coaching? Please check all that apply.

Basketball Baseball Volleyball Flag Football Sport Clinic/Other

Is there a specific child in the program you want to coach? :

Is there someone you want to coach with? :

My signature below certifies all statements & 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 checks. I also release such agencies from liability for any information they may provide.

Applicant Signature _____

Date _____

ATHLETIC VOLUNTEER APPLICATION



BOYS & GIRLS CLUBS
OF WHATCOM COUNTY

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 the application is designed to help us provide the highest quality programs for the people of our community.

PLEASE READ AND INITIAL EACH FOLLOWING STATEMENT BELOW

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, churches, 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 individuals for purposes of employment or volunteer services screening.

I 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 & initialing of my own free will.

I understand the that this organization has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand 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, or 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 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.

My signature below indicates that I have read, initialed, and understand the above statements.

Applicant Signature

Date

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BOYS & GIRLS CLUBS
OF WHATCOM COUNTY

ID/License Information

Legal Name _____
First, Middle, Last

Date Of Birth :
M M D D Y Y Y Y

WA State Driver's License Number _____

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

Applicant Signature

Date

Please attach a copy of your driver's license or government issued ID & a copy of your COVID-19 vaccination card to this application.

Email all applications to
sthurlow@whatcomclubs.org
or bring it to your local clubhouse in Whatcom County.