

Volunteer Application

Personal Info	ormat	ion								
Last Name			First Name		Mide	Middle		Social Security Number		
								1		
Current Address						City/St	ate		Zip	
						1		Ì		
Permanent Address						City/State			Zip	
Home Phone Cell F		Cell Phone	Phone Email		ess	Birth d	Birth date		State of Residency	
	}					Ì		l		
Emergency (Conta	ct								
Name			Addres	SS			Phone Nu		imber(s)	
							Ì			
Education						150			10.1.	
	Name a	nd Address			Degree	Minor/	Major		Graduation Date	
High School						1				
Jr. College/ University/										
Trade School				•	1					
					Ì					
1					1					
Work Refere	ences									
Name		Occu	pation		Work Phone			Home Phone		
			,					1		
					}					
Personal Re	feren	ces (Othor	than ralet	ives and no	t employ	erc)				
Name	ICICII		ipation	ives and pas	Work Pho			Home	e Phone	
			<u></u>		11.44.4					
					1					
								+		
		1			1					
						experie	ence tha	at you	could contribute	
to our progra	am: _									
If you are fl	uent i	n any lar	nguage(s)	other tha	n Englis	sh, plea	se list:			

How did you hear about us? (YServe, UVU, TOPS, community, other—if other, please specify):
Have you ever been disciplined or discharged from employment? YES NO If yes, please explain in writing and attach.
Have you ever been convicted of an offense other than a minor traffic violation? YES NO If yes, please explain in writing and attach.
Volunteer Schedule
Through the course of the volunteer's service, he or she must complete at least 12 total hours of volunteer work. If the volunteer wishes to volunteer for less time, they may do so but must pay for their own background check.
You may volunteer Monday through Thursday between the times of 3:30pm-6:30pm, and Friday between the times of 2:00pm-6:30pm. We ask our volunteers to adhere to a schedule so that we may better manage them. Please select the times you would like to volunteer.
First Choice: M T W Th F Time (ex. 3:30-4:30)
Second Choice: M T W Th F Time
☐ I do not wish to receive emails regarding events from the BGC of Utah County.
Informed Consent and Release of Liability
I certify that to the best of my knowledge, all statements made on this application are correct. I authorize the Boys & Girls Club of Utah County to investigate all information listed on this application and any of my legal records. I release from liability all persons and organizations reporting information required by this application.
Signature of Applicant Date

^{*}Please sign contract and give to your volunteer coordinator