



BOYS & GIRLS CLUBS
OF GREATER KANSAS CITY

Volunteer Application

Human Resources Only:

Date Entered ____/____/____
Meets Qualifications Yes No
Operations _____ **Date** ____/____/____
Club Unit _____ **Date** ____/____/____
Volunteer # _____
Unit: _____
Assignment: _____

APPLICATION INSTRUCTIONS

Please complete this form to ensure prompt processing and placement. Applicants age 18 and over must also complete the attached screening form (including a copy of your social security card as required).

PERSONAL INFORMATION (PLEASE PRINT)

Name (First Middle Initial Last)		Date of Application
Address (Street, City, State, Zip Code)		Social Security Number
Home Telephone () ()	Alternate Telephone () ()	Email Address
		Date of Birth

EMPLOYMENT INFORMATION (PLEASE PRINT)

Company Name	Phone Number () -
Address (Street, City, State, Zip Code)	Dates of Employment From To
Applicable Skills / Certifications / Licensures that apply to the volunteer opportunity (If yes, please list)	First Aid Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date
	CPR Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date

Consistent attendance and punctuality are essential requirements of every volunteer position within this organization. Is there anything which would interfere with your regular attendance and punctuality if you are assigned to a volunteer opportunity? Yes No

VOLUNTEER OPPORTUNITY INFORMATION (PLEASE PRINT)

Volunteer Opportunities (check all that apply) <input type="checkbox"/> LIFE COACH <input type="checkbox"/> HEALTH & LIFE SKILLS <input type="checkbox"/> EDUCATION & CAREER DEVELOPMENT <input type="checkbox"/> PUBLIC SPEAKING/CITIZENSHIP <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> AQUATICS <input type="checkbox"/> ARTS <input type="checkbox"/> SPECIAL EVENTS <input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> SPORTS LEAGUE COACHING	Age Group Preference <input type="checkbox"/> Cadets/Elementary School <input type="checkbox"/> Junior Academy/Middle School <input type="checkbox"/> High School
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How were you referred to the Boys & Girls Clubs of Greater Kansas City (BGCGKC)?

Which Boys & Girls Clubs of Greater Kansas City (BGCGKC) Unit would you prefer to work? Thornberry Unit, KCMO Wagner Unit, KCMO Wyandotte Unit, KCK Hawthorne Unit, Independence, MO Independence Unit, Independence, MO Olathe Unit, Olathe, KS

What dates/times are you available to volunteer with BGCGKC? Monday: From _____ To _____ Tuesday: From _____ To _____
 Wednesday: From _____ To _____ Thursday: From _____ To _____ Friday: From _____ To _____
 Saturday: From _____ To _____ Sunday: From _____ To _____ (limited opportunities)

Have you ever been convicted of any criminal offense other than minor traffic violations? If yes, please explain (A conviction record does not necessarily bar you from volunteering. Factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into consideration.) Yes No

Criminal Offense	Date of Offense / Status ____/____/____ -
Criminal Offense	Date of Offense / Status ____/____/____ -

EMERGENCY CONTACTS (PLEASE PRINT)

Name (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship

PERSONAL REFERENCES (PLEASE PRINT)

Name (First Middle Initial Last)	Daytime Telephone Number () -	
Address (Street, City, State, Zip Code)	Evening Telephone Number () -	
Occupation	Years Acquainted	Relationship
Name (First Middle Initial Last)	Daytime Telephone Number () -	
Address (Street, City, State, Zip Code)	Evening Telephone Number () -	
Occupation	Years Acquainted	Relationship

AUTHORIZATION AND AGREEMENT

I authorize the Boys & Girls Clubs of Greater Kansas City (BGCGKC) to investigate all statements in this application and to secure any necessary information from all my employers, references and any appropriate governmental agencies. I hereby release all of the above mentioned parties and BGCGKC from any and all liability arising from their giving or receiving information about my suitability for volunteering with BGCGKC. I understand that any volunteer placement is contingent upon receipt of a satisfactory report concerning my credentials, employment references, driving record, criminal convictions record and child abuse/neglect record required for this opportunity.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BGCGKC has not assigned me or immediate dismissal if BGCGKC has assigned me. I also authorize BGCGKC to supply information about my volunteer record, in confidence to any prospective employer, governmental agency or other party having a legal and proper interest and I hereby release BGCGKC from any and liability for it providing this information

I understand that nothing in this volunteer application, in BGCGKC's policy statement or personnel guidelines, or in my communications with any BGCGKC official is intended to create and employment contract between BGCGKC and me. I also understand that BGCGKC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me.

Print Name	Date
Signature	

Kansas Department of Social and Rehabilitation Services
Protection Report Center Central Registry
915 SW Harrison, 5th Floor South
Topeka, Kansas 66612

**Child Abuse and Neglect Central Registry
Release of Information**

I, _____ give permission for the release of any information concerning
(please print complete first, middle & last name)

myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Human Resources

Agency Name: Boys & Girls Clubs of Greater Kansas City

Mailing Address: 4001 Blue Parkway, Suite 102

Kansas City, MO 64130

Phone Number: (816) 361-3600, ext. 230

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

**★ ★ Please complete the information below by printing in ink. ★ ★
Please print legibly. Do not leave any space blank.**

First, Middle and Last Name: _____

Maiden Name: (If female applicant, please provide maiden name or any other name used. If male applicant, please use N/A.)

Married Names: (Use N/A if none available.)

Nicknames or Other Names Used:

Date of Birth: _____

Race: _____

Social Security #: _____

Gender: Male Female

Signature: _____

Date: _____

Current Address: _____



BOYS & GIRLS CLUBS
OF GREATER KANSAS CITY

More Than *100* Years of Building
Great Futures

Compliant Background Check Disclosure and Authorization Form

In the interest of maintaining the safety and security of our customers and employees, the Boys & Girls Clubs of Greater Kansas City will procure an investigative consumer report ("background check report") on you in connection with all employment and volunteer applications. First Advantage® Authentication & Screening, or another consumer reporting agency, will prepare the report. First Advantage® Authentication & Screening is located at 700 East Technology Avenue, Building E. Suite 2200, Orem, Utah 94097 and can be reached at 800 631-8777.

The background check report will obtain types of information that may include but are not limited to: social security number verification; criminal, public, as appropriate, driving records checks; verification of prior employment; references checks; and licensing and certification checks. The information will be obtained from private and public record sources.

You may request more information about the nature and scope of any background check reports by contacting First Advantage directly. If a report is requested, you may inspect and receive a copy of the report by contacting the agency.

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Boys & Girls Clubs of Greater Kansas City to procure a background check report on me that is prepared by a consumer reporting agency. I understand that, if I am hired or services rendered as a volunteer, the Boys & Girls Clubs of Greater Kansas City may rely on this authorization to procure additional background check reports during and throughout my employment or volunteer services without asking for my authorization again. I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, motor vehicle history, criminal history, professional credentials, and all other information requested by the consumer reporting agency or its agents.

I promise the information I provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for employment or volunteer services with the Company, or if I am hired or volunteer, that I may be fired or services not utilized, whichever is applicable.

I agree that a facsimile or photocopy of this form may be used in lieu of the original.

Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Social Security Number _____ Driver's License Number _____

FOR IDENTIFICATION PURPOSES ONLY: Month and Day of Birth _____

Signature

Date