Name:		
	Date	



VOLUNTEER APPLICATION

GREAT FUTURES START HERE.



RELEASE OF INFORMATION

NAME:	
ALIASES:	
MAILING ADDRESS:	
PHYSICAL ADDRESS:	
BIRTHDATE:	
SOCIAL SECURITY NUMBER:	
DRIVER® LICENSE:	
CITIES LIVED IN THE PAST 5 YEARS:	
I hereby authorize any state or federal law enforcement agend Indian Affairs of the Northern Cheyenne Agency, and Norther they have to the Boys & Girls Club of the Northern Cheyenn from this background check will be used solely for the Boys not be released to any other individuals or entities.	ern Cheyenne Social Services to release any records e Nation. I understand that nay information obtained
G	Date

Boys & Girls Club of the Northern Cheyenne Nation

Volunteer Application

Please print or type			Date:			
Name:		SSN:				
Address:	City:		Zip:			
Home Phone:	Work Phone:		DOB:			
Emergency Contact:	Rel	ationship:	Phone:			
How did you learn about the Cl	ubøs volunteer opportunit	ies?				
Are you seeking to volunteer to	satisfy court-ordered con	nmunity service?				
SKILLS AND EXPERIENCES	3:					
What is your educational backg	ground?					
What sort of hobbies, interests	and activities do you enjo	y?				
What type(s) of transportation of	do you use?					
INTEREST INVENTORY						
This section will help you deter area(s) that interest you. Check			ke to participate in. Please check the oy:	;		
Tutoring: Which subjects? _						
Sports Coach/Assistant: Wh	ich sports?					
Music Leader/Assistan: Wh	ich type(s)?					
Arts & Crafts Activity Assis	stant/Instructor	Helping	a child use a computer			
Listening to a child read		Playing 1	Board Games			
Assisting w/ Fundraising		Leading	a recreational activity			
Mentoring teens and youth		Leading	a discussion group			
Assisting w/ office and cleri	cal work	Chapero	ning a field trip			
Activities not listed above that	I am interested in:					

Preferences in Volunteering

	the Boys & Gir orking with? C		-	enne Nation ar	e ages 5 to 18.	Which age gr	oups would you
5- 8 year o	olds		9-10 year olds			11-12 year olds	
13-15 year	r olds		16-18 yea	ar olds	Does not matter		
Is there a part	ticular type of	volunteer work	in which you	are interested?			
Check all tha	t apply to you:						
Working o	Working one on one with a single childWorking directly with a staff member as an assistant					assistant	
Helping a	round the office	e in general adı	ministrative du	ties			
Working o	n group project	ts		A variety of dut	ies		
Facilitatin	g trainings or v	workshops with	children	No preference			
AVAILABILITY: This section will help determine the best days and times for your volunteer activity. Please mark all the days and times you will be available to volunteer:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Available							
COMMITME What kind of	ENT:	nent are you wi	lling to make?				
One Time		2 Hours per week		-	5 hours per month		
6 weeks-3	6 weeks-3 months 3 months-6 months		.s _	Other			
-	physical limit in types of wor	•	ou under and co	ourse of treatme	ent which migh	nt limit your al	bility to

References

Current employer:		
Address:		
Phone Number:		
Would you like us to notify your employer of your volunteer service	e? Yes	No
Please list the names and phone numbers of two people who know y and dependability (please so not list relatives):	you well and can atte	est to your character, skill
Name	Phone #	
Address:	City	
Name	Phone #	
Address:	City	
ADDITIONAL INFORMATION		
Please circle the applicable response		
Do you currently use illegal drugs?	Y	N
Have you ever been convicted of a criminal offense?	Y	N
Have you ever been convicted of child abuse or neglect or are	Y	N
there pending criminal charges against you for child abuse or neglect	ct?	
Has your driverøs license been suspended or revoked?	Y	N
Are there any other facts or circumstances involving you or your	Y	N
Background that would call into question your being entrusted with	supervision, guidan	ce and care of young people?
Please use a separate sheet of paper to explain any õyesö response(s).	