



Volunteer Application

This form grants the Boys & Girls Clubs of Spokane County permission to submit the information below to the local police departments and other appropriate agencies for a background check. The background check results will be released to the Boys & Girls Clubs of Spokane County to curb our parents concerns about adult supervision of the children in our programs and satisfy liability insurance requirements. All prospective volunteers are asked to complete this form, regardless of sex, race, color, creed or social status.

(Please print all information)

NAME _____		SS# _____	
First	Last	Middle	
ADDRESS _____			
CITY _____		STATE _____	ZIP CODE _____
WORK PHONE _____		HOME PHONE _____	
ETHNICITY _____		GENDER _____	
EMAIL _____			

Place of Birth _____ Date of Birth _____

What other organizations have you volunteered for? _____

Why are you interested in volunteering with the Club? _____

Have you ever been arrested? ___NO ___ YES, for _____

Have you ever been convicted of a crime? ___NO ___ YES, for _____

Are there any outstanding warrants against you? ___NO ___ YES, for _____

Are you currently taking prescription medicine? ___NO ___ YES, for _____

Please list any mental or physical disability that would impact you ability to serve as a volunteer in any capacity or special accommodations in our program: _____

In signing this form you agree that the information provided above is accurate to the best of your knowledge. You also agree to remain within the scope of the Boys & Girls Clubs programs. Inappropriate language or physical contact with a member for any reason is unacceptable and will result in an immediate dismissal of duty. This background check is only valid for two years from the date you are signing below. If you wish to continue volunteering after this application expires you will need to submit another form.

Volunteer Signature _____ Date _____

Club Director Signature _____ Date _____