



## 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 _____
EMPLOYER _____		POSITION _____	
WORK PHONE _____		HOME PHONE _____	

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.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Club Director Signature \_\_\_\_\_ Date \_\_\_\_\_