



(PLEASE PRINT CLEARLY)

Volunteer Application

Date: _____

I am volunteering as (check one below):

- An individual
- A member of a group/organization/company
- A member of Club Blue (BGCMA young professionals society)
- Work-study
- Student (mandated hours for graduation)

Your Full Name: _____

Organization/Company Name if applicable: _____

Organization/Company Contact: _____

Your Residential Address: _____ Apt. # _____

City: _____ County: _____ State: _____

Zip code: _____ Phone: (day) _____ (cell) _____

Email : _____

I prefer to be contacted via: _____ phone _____ e-mail

Employer: _____ Job title: _____

(If student) Name of high school/college you attend: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

How did you learn about Boys & Girls Clubs of Metro Atlanta ? _____

List any previous volunteer experience: _____

* Boys & Girls Clubs of Metro Atlanta, Inc. ("BGCMA") requires a background check for its volunteers, as authorized below in this Application. The information requested below must be complete to determine eligibility and may require at least ten business days to process.
Note: Applications that are incomplete will be discarded.

Date of Birth: _____ SS#: _____

[For demographic tracking purposes only; BGCMA does not discriminate on the basis of sex, race, color, religion, citizenship, age, disability or national origin:]

Gender: _____

Race _____

Interests and Special Skills (check all that apply)

- Education
 - Health & Self Esteem
 - Sports
 - Art & Culture
 - Leadership Development
 - Mentoring
 - Club Facility maintenance (painting, landscaping)
 - Special Skills (web design, photography, finance, etc.)
 - Other _____
- Are you Bilingual? __ yes __ no
 What language(s)? _____

Preferred Club location

(Please indicate your preferred Club location. We will make every effort to match your preference)

Name of preferred Boys & Girls Club _____
(e.g. Warren/Holyfield Club, Brookhaven Club)

If you do not know the specific Club name please list the county _____
(e.g. Cobb, Gwinnett, Dekalb)

I hereby authorize Boys & Girls Clubs of Metro Atlanta, Inc. (“BGCMA”) at any time to conduct one or more investigations of my background, references, past employment, education, criminal history and financial status, as well as other information verifying or disputing the accuracy of information I have provided to BGCMA in connection with this Application, and also direct any consumer reporting agency or other entity designated by BGCMA to prepare and disclose to BGCMA at any time one or more consumer reports or investigative consumer reports about me containing information about such matters. I authorize all persons, entities, and governmental agencies from whom information about me is sought by BGCMA or the consumer reporting agency or other entity designated by it to respond to such inquiries about me in full, and I waive all claims and liability that may arise in my favor as a result of such disclosures of information. I hereby confirm, represent and warrant that I have never been convicted of or charged with any felony offense or any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any other sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I will not engage in illegal activities in connection with BGCMA youth members (such as purchasing alcohol or tobacco products for any of them) or socialize with BGCMA youth members outside of BGCMA activities.

By signing this application, I verify the accuracy of the information herein. I understand and agree that none of the application process, BGCMA’s policies and procedures, or my future participation in BGCMA activities creates any obligations or rights relating to participation in any volunteer activities and that any participation in any such activities can be terminated, with or without cause and with or without prior notice, at any time, at the option of BGCMA. If accepted as a volunteer for BGCMA, I agree to abide by all policies and procedures applicable to BGCMA volunteers.

Signature of Applicant _____

Date _____

If Applicant is under the age of 18:

I represent and warrant that I am the parent or guardian of the above minor and have full legal authority to execute this Application, and I hereby agree that the above minor and I will be bound by all of the terms of this Application.

Signature of Parent or Guardian _____

Date _____

Please send to: Robin Reid, Manager/Volunteer Services
Boys & Girls Clubs of Metro Atlanta
100 Edgewood Avenue, Suite 700, Atlanta, Georgia 30303
Email: rreid@bgcma.org
Fax: (404) 653 - 0035

*Please allow a *minimum* of ten business days for processing and notification. Thank you for applying.