

Club Volunteer Application

I am volunteering as: an individual member of a volunteer group

Name _____

Group Name (if applicable) _____ Group Director _____

Street _____ Apartment # _____

City, State, Zip _____

Phone (day) _____ (Evening) _____ E-mail _____

We primarily contact volunteers through email. If you would prefer to be contacted through an alternate medium, check one of the following boxes.

Please contact me through: mail phone

Employer _____ Job Title _____

Emergency Contact Name _____ Relationship _____

Contact's Phone _____

*Date of Birth _____ *Social Security Number _____

Gender _____ Race _____

* Items required for background check. The above information is for identification purposes only, and is in no manner used as qualifications for service. The Boys & Girls Clubs of Metro Atlanta is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age, handicap, or national origin.

INTERESTS and SPECIAL SKILLS *(check all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Art | <input type="checkbox"/> Special Skills |
| <input type="checkbox"/> Health & Self Esteem | <input type="checkbox"/> Special Events | (Ex: web design, sign language, |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Other _____ | photography) _____ |

Location Preference

Club/Location _____ or Neighborhood _____
(i.e., Buckhead, Grant Park, Vinings)

I hereby authorize Boys & Girls Clubs of Metro Atlanta and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my service with company. I release Boys & Girls Clubs of Metro Atlanta and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

I also hereby authorize the Boys & Girls Clubs, without limitation, to copy, publish, exhibit or distribute photographs or video tapes of my volunteer activities for the purpose of reporting or promoting volunteerism. I waive all rights and claims I may have against your organization, and/or its agents, subsidiaries or assignees related to the above photos and videos.

The above information includes my true and complete legal name and is true and correct to the best of my knowledge.

Signature _____ Date _____