

# VOLUNTEER REGISTRATION FORM



## I. APPLICATION

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone / Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home email (if applicable) \_\_\_\_\_

Work Title \_\_\_\_\_

Company \_\_\_\_\_

Work Address \_\_\_\_\_

Work Telephone / Fax \_\_\_\_\_

Work email (if applicable) \_\_\_\_\_

Driver's License #/State / Exp. Date \_\_\_\_\_

Preferred Contact  Home  Work

## II. AVAILABILITY

Most of the Club's activities occur during after-school hours, during the evening, and on weekends. Please check those boxes below to indicate your availability.

Day of Week  Mo  Tu  We  Th  Fr  Sa  Su

Time of Day  3-6 pm  6-9 pm

Weekends  Mornings  Afternoons  Evenings

## III. AREAS OF INTEREST (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Programming   | <input type="checkbox"/> Leadership Development          |
| <input type="checkbox"/> Tutoring  | <input type="checkbox"/> Board of Directors              |
| <input type="checkbox"/> Field Trip Chaperoning                              | <input type="checkbox"/> Fundraising                     |
| <input type="checkbox"/> Recreation & Sports (coaching, refereeing, scoring) | <input type="checkbox"/> Special Events                  |
| <input type="checkbox"/> Arts & Crafts (including the culinary arts)         | <input type="checkbox"/> General Administration          |
| <input type="checkbox"/> Mentoring   | <input type="checkbox"/> Repairs and Maintenance to Club |

## IV. REFERENCES

As a youth-oriented organization, the Alexandria-Olympic Branch of Boys & Girls Clubs of Greater Washington requires all volunteers who will be working with children to provide a list of at least three (3) references. Please use the spaces below to list the names, telephone numbers, and relationship (to you) of the persons you are granting us permission to call on your behalf.



#### IV. REFERENCES (cont)

##### Reference #1

Name \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Relationship to you \_\_\_\_\_

##### Reference #2

Name \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Relationship to you \_\_\_\_\_

##### Reference #3

Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to you \_\_\_\_\_

#### V. CONSENT

I, \_\_\_\_\_, an applicant for a volunteer position at the Alexandria-Olympic Branch of Boys & Girls Clubs of Greater Washington, hereby attest that I have never been found guilty of, or entered a plea of nolo contendere (no contest) or entered a plea of guilty to any crime determined to be a misdemeanor or felony, including abuse or neglect against a child, or assault, theft, arson, or possession or any drug.

May we have your permission to conduct a background check?  Yes  No

I understand that I may be subject to a criminal background check.

-OR-

My record may contain one or more of the foregoing acts or offenses.

Date of Application \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:

Alexandria-Olympic Boys & Girls Clubs of Greater Washington  
401 Payne Street  
Alexandria, VA 22314