



Volunteer Application Form

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Date of Birth: _____ (M)/_____ (D)/_____ (Y)

I identify my gender as: _____

Parental consent (if under 18), signature of parent or guardian: _____

Emergency Contact: _____ Relationship: _____

Email: _____ Phone: _____

Why are you interested in volunteering with the Boys & Girls Club of Cochrane & Area?

What are your interests and talents?

What are you hoping to gain from volunteering with us?

Please check off the programs that you are interested in volunteering in:

- Administration
- Board Member/Board Committee
- Out of School Care
- Rogers Raising the Grade (scholastic & life skills mentoring program)
- Summer Camps
- Evening Youth Programs (Get BUSY, Drop In, Gametech, etc.)
- Daytime Youth Programs (Girls Group, Boys Group, Healthy Relationships etc.)
- Safe Couch Program
- Events
- Other:

If you would like to share any of your talents and skills, please tell us below! (Ex. Sports, cooking, chess, event planning, child care, etc.)



Brief summary of prior or current volunteer experience:

Schedule/Availability – Please check off all times that you are available!

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning 8:30am – 12:00pm							
Afternoon 12:00pm – 4:30 pm							
Evening 4:00pm – 7:00pm							

*Saturdays and Sundays are usually for special events.

Current or most recent place of employment: _____

Position: _____

Highest level of education obtained: _____

References:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Are you willing to do a criminal record and a child welfare intervention check? Y / N

How did you hear about volunteering with us? _____

Office use only	
Initial placement: _____	
Primary program supervisor: _____	
Documents received: _____	
_____	_____
Signature	Date