



Mailing Address: P.O. Box 191 • Bemidji, MN 56691  
 Physical Address: 1600 Minnesota Ave. • Bemidji, MN 56601  
 www.bgcbemidji.com • 218-444-4171 • Fax 218-444-0870

## VOLUNTEER APPLICATION

(Please Print)

**Name:** \_\_\_\_\_ **Phone (Home):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone (Work):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**How did you learn about the Boys & Girls Club of the Bemidji Area?** Please check all that apply.

Walk-In      Friend/Relative      Club Employee      United Way  
 High School: \_\_\_\_\_ College: \_\_\_\_\_  
 Media (Newspaper, Radio, T.V., Internet, etc.): \_\_\_\_\_ Other: \_\_\_\_\_

**What age group would you prefer to work with?**

Elementary (1<sup>st</sup>-5<sup>th</sup>)      Middle School (6<sup>th</sup>-8<sup>th</sup>)      High School (9<sup>th</sup>-12<sup>th</sup>)

**What area(s) of programming interest you most?**

Education/Tutoring      Games Room      Music/Performing Arts      Facility/Maintenance  
 Fine Arts/Crafts      Technology/Computers      Administration/Development  
 Sports/Fitness      Teen Programs      Mentor (collaboration with Kinship North)

**Do you hold any special certifications?** Check all that apply.

CPR      First Aid      Life Guard      Other: \_\_\_\_\_

**Please fill in the days and times that you are available to volunteer.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

Total number of hours each week you are available to volunteer: \_\_\_\_\_

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, Seasonal, etc.): \_\_\_\_\_

**List any special skills, areas of knowledge and/or experience (including non-English languages):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List any previous volunteer experience(s)** (if you have more please list and attach on a separate sheet of paper).

Organization: \_\_\_\_\_ Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Volunteer Date Range (Month and Year): \_\_\_\_\_ Duties: \_\_\_\_\_  
 \_\_\_\_\_

**What is your occupation?** \_\_\_\_\_

**Retired**

Name of employer: \_\_\_\_\_ Address of employer: \_\_\_\_\_

**College/University student:**    **Yes**    **No**

Name of school: \_\_\_\_\_ Location of school: \_\_\_\_\_

**Are you volunteering as part of a Service-Learning course or program?**    **Yes**    **No**

If yes, please provide the following:    Course title: \_\_\_\_\_

Instructor's name: \_\_\_\_\_ Instructor's phone # or email address: \_\_\_\_\_

**Please provide two personal references (excludes relatives).**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Have you ever been convicted of a criminal offense?**    **Yes**    **No**

You may be subject to a criminal background check.

If yes, please explain:

**Are you volunteering as part of a corporate/community program or organization?**    **Yes**    **No**

If yes, please give the name of the program/organization (ex. RSVP, Foster Grandparents, etc):

**Does your employer make a gift after a certain amount of volunteer hours?**    **Yes**    **No**

***NOTE: Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and is not used in any manner to make decisions or judgments regarding a prospective volunteer.***

**Gender:**    Female    Male

**Race/Ethnicity:**

Asian/Pacific Islander

Black, non-Hispanic

Native American/Native Alaskan

South Asian

Hispanic/Latino

Mixed-Ethnicity

Middle Eastern/North African

White, non-Hispanic

Other: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT I AM AWARE THAT THE BOYS & GIRLS CLUB OF THE BEMIDJI AREA MAY CONTACT THE ABOVE LISTED REFERENCES. YOU WILL BE CONTACTED BY THE CLUB'S VOLUNTEER COORDINATOR ONCE THE FORMS ARE RECEIVED AND THE BACKGROUND INVESTIGATION IS COMPLETED. VOLUNTEERS WILL NOT BE PERMITTED TO ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.**

**Applicant Signature:**

**Date:**

**PLEASE RETURN COMPLETED APPLICATIONS TO:**

BGCBA VOLUNTEER COORDINATOR  
BOYS AND GIRLS CLUB OF THE BEMIDJI AREA  
P.O. BOX 191 BEMIDJI, MN 56691  
1600 MINNESOTA AVE. BEMIDJI, MN 56601  
FAX: (218) 444-0870

Updated- July 2011