BOYS & GIRLS CLUB
OF THE BEMIDJI AREA

BE GREAT

2026 - 2027

**Our mission is to inspire and enable all young people, especially those who need s most, to realize their full potential as productive, responsible and caring citizens.**

# VOLUNTEER APPLICATION

(Please Print)

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Email:** _____ **Phone:** _____

**Birth Date (month & year)** _____

**Site (Bemidji Clubhouse, J. W. Smith, Blackduck):** _____

**How did you learn about the Boys & Girls Club?** Check all that apply.

_____Walk-In _____Friend/Relative _____Club Employee _____Club Member ALUM _____United Way

_____High School: _____ _____College: _____

_____Media (Newspaper, Radio, T.V., Internet, etc.): _____ _____Other: _____

**What area(s) interest you most?** Check all that apply.

_____Education/Tutoring _____Games _____Music/Performing Arts _____Snack/Lunch

_____Arts & Crafts _____Technology/Computers _____Sports/Fitness _____Teen Programs

_____Mentor _____Administration/Development _____Facility/Maintenance _____Garden

_____Other – list interest _____

**If applicable, what age group would you prefer to work with?** Check all that apply.

_____ Grades 1-3 _____Grades 4 & 5 _____Grades 6 & 7 _____Grades 8 - 12

**What are your past experiences in interacting with youth and teens?** _____

_____

_____

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

If yes, please check or list the name of the partner/program/organization:

_____Peacemakers _____BARC _____Science Center _____Scouts

_____Other (please list): _____

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

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

_____First Aid/CPR _____Lifeguard _____Other: _____

**Please fill in the days and times that you are available to volunteer. Administration volunteer time: 9:00 AM – 5:00 PM**
**Program volunteer time: School Year – 3:00 – 4:30PM Summer - 8:00 AM – 5:00 PM**

| | 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.): _____

**CONTINUES ON BACK**

**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: _____Phone:_____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 (excluding relatives)**

Name: _____

Address/City/State: _____

Phone: _____ Email: _____

Nature of Relationship: _____ Length of Relationship: _____

Name: _____

Address/City/State: _____

Phone: _____ Email: _____

Nature of Relationship: _____ Length of Relationship: _____

**Emergency Contacts:**

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

**Volunteers with direct, repetitive interaction with young people must complete a criminal background check (yearly or every five years depending upon the background check), complete the Boys & Girls Club of America child abuse prevention training video and review the Boys & Girls Club of the Bemidji Area Volunteer Handbook, before providing services to young people. Annually: training video, handbook and background check (if expired). Volunteers will not be permitted to engage in any volunteer activities prior to the completion of the background check and safety training.**

**By signing this document, I am aware that the Boys & Girls Club of the Bemidji area will contact the above listed references. Volunteers will not be permitted to engage in any volunteer activities prior to the completion of the background check and safety training.**

Signature:_____ Date:_____

**PLEASE RETURN COMPLETED APPLICATIONS TO BOYS & GIRLS CLUB OF THE BEMIDJI AREA**

Mailing Address: P.O. Box 191 • Bemidji, MN 56619

Physical Address: 1600 Minnesota Ave.• Bemidji, MN

www.bgcbemidji.org • 218-444-4171

Date: _____

Updated July 2026