



Boys & Girls Club of Tracy

ADMINISTRATIVE OFFICES: 753 W. Lowell Ave, Tracy, CA 95376

VOLUNTEER/INTERNSHIP APPLICATION

(Please Print)

Name: _____ Phone (Home): _____

Address: _____ Phone (Work): _____

City: _____ E-mail: _____

State: _____ Zip: _____ Current Age: _____ Date of Birth: _____

At which location would you like to volunteer or intern?

- Monte Vista School Clubhouse Central School Clubhouse North School Clubhouse
- South West Park School Clubhouse Villalovoz School Clubhouse Administrative Office
- McKinley School Clubhouse **Other:** _____

What area(s) of programming interest you most?

- Education/Tutoring Games Room Career Development
- Fine Arts/Crafts Technology/Computers Music/Performing Arts
- Sports/Fitness Teen Programs Admin/Development
- Health Services

Members ages may range anywhere from 6 to 18. Which age groups would you most prefer working with?

Check as many as you like!

___ 6 to 8 YearOlds
___ 13 to 15 YearOlds

___ 9 to 10 YearOlds
___ 16 to 17 YearOlds

___ 11 to 12 YearOlds
___ Does not Matter

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

**Limited volunteer opportunities exist after 6:00 pm. Clubs are open on most Saturdays for sports leagues.*

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

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

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

List any previous volunteer experiences (include name of organization) or experience working with youth.

What is your occupation? _____

Name and address of employer: _____

Are you a Student? student? Yes - If Yes, College/University or High School or No

Name & location of school: _____

Please provide two personal references.

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

How did you learn of Boys & Girls Clubs of Tracy?

Are you a former member of a Boys & Girls Club? Yes No

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

If yes, what is the name of the program/organization?

What size t-shirt do you wear? Small Medium Large XL 2XL

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Native American/Native Alaskan |
| <input type="checkbox"/> South Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Mixed-Ethnicity |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Other _____ |

By signing this document, I am aware that Boys & Girls Clubs of Tracy may contact the above listed references. I also agree to submit my fingerprints, for the purpose of a background check and will not engage in any volunteer activities prior to the completion of the check.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Only required if applicant is under 18yrs of age.*

Dear Prospective Volunteer/Intern:

Thank you for your interest in volunteering/internship with Boys & Girls Clubs of Tracy. With your help, we can strengthen existing programs, add new programs and extend them to more Club members while offering job experience, leadership skills, community service hours and much more.

Our emphasis is on providing wholesome activities, supervised by adults of high moral character. Because the risk, no matter how remote, of exploitation or abuse of our boys and girl members is unacceptable, we are required to secure your consent for a background check and examine all references.

PHOTO RELEASE

I understand that photographs or videotapes may be made of my volunteer/intern activities at Boys & Girls Clubs of Tracy. I authorize Boys & Girls Clubs of Tracy, without limitation, to copy, publish, exhibit or distribute such photographs or videotapes for the purpose of reporting or promotion of voluntarism. I waive all rights or claims I may have against your organization and/or its agents, subsidiaries or assignees related to the above photos and videotapes.

Signature

Date

Parent/Guardian Signature: _____

Date: _____

**Only required if applicant is under 18yrs of age.*



BOYS & GIRLS CLUBS

of Tracy
Administration Office
753 W. Lowell Ave.
Tracy CA 95376

Background Check Form

Boys & Girls Clubs of Tracy (BGCT) requires criminal background checks of all employees, including minors, board volunteers, and others who serve on a standing committee. We conduct background checks on all volunteers, including partners and minors, who have direct, repetitive contact with children. Name-based or fingerprint-based record searches may be used in any combination but shall, at a minimum;

- (a) verify the person's identity and legal aliases through verification of a social security number,
- (b) provide a national Sex Offender Registry search, (c) provide a comprehensive criminal search which includes a national search and (d) provide a comprehensive local criminal search which includes either a statewide criminal search or county level criminal search, depending on your jurisdiction.

BGCT requires name-based AND fingerprint-based criminal background checks to fulfill this requirement which are processed via First Advantage and Live Scan through Tracy Unified School District. Such checks shall be conducted prior to employment/volunteer work, and at regular intervals not to exceed twelve (12) months. All information contained in this form will be handled in a confidential manner by authorized staff only.

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ___/___/___ Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State where Licensed: _____

I have read the above and agree to an annual background check.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Only required if under 18yrs of age*



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Understanding and Authorization

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers and references listed above to give you any and all information concerning my education, employment, and fitness to work with children and young people. I further agree to release and hold harmless the Boys & Girls Clubs of Tracy, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
**Only required if applicant is under 18yrs of age. .*

Return to: Boys & Girls Clubs of Tracy, 753 West Lowell Ave, Tracy, CA 95376

-----Office Use Only-----

Personal References Checked - No. 1: _____ No. 2: _____

Police Record Check/Sent to TUSD: _____ Confirmed: _____

Volunteer Accepted/Denied - Notified: _____

Orientation Scheduled - Date/Time: _____

Placement Beginning Date: _____

Position: _____ Unit Director Contact: _____

Schedule: _____

Notes:

