



Boys & Girls Club of Santa Cruz

## VOLUNTEER APPLICATION

Please bring to Club or e-mail [matt@boysandgirlsclub.info](mailto:matt@boysandgirlsclub.info)

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Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License/Identification Number \_\_\_\_\_  
E-mail: \_\_\_\_\_

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### GENERAL INFORMATION

Current Occupation \_\_\_\_\_  
Employer/School Attending \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Education (Indicate Highest Grade Completed) \_\_\_\_\_  
Hobbies, Interests, Skills \_\_\_\_\_  
Why do you want to volunteer for the Boys & Girls Club of Santa Cruz? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### REFERENCES

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

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## EXPERIENCE WITH YOUTH

*All Volunteers must be fingerprinted through the Department of Justice prior to working with Club members.  
Please allow for 3-4 weeks before approval.*

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position \_\_\_\_\_

Business \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position \_\_\_\_\_

Please check areas in which you would be particularly interested in volunteering.

<u>CULTURAL ENRICHMENT</u> Painting _____ Woodworking _____ Collage Art _____ Music _____ Dance _____ Drama _____ Weaving _____ Photography _____ Other _____	<u>PHYSICAL EDUCATION</u> Basketball _____ Floor Hockey _____ Soccer _____ Swim Lessons _____ Swim Team _____ Martial Arts _____ Other _____	<u>SOCIAL RECREATION</u> Table Tennis _____ Pool _____ Air Hockey _____ Foesball _____ Other _____
<u>ENVIRONMENTAL &amp; OUTDOOR</u> Gardening _____ Bike Club _____ Other _____	<u>PERSONAL &amp; EDUCATIONAL DEVELOPMENT</u> Tutoring _____ Creative Writing _____ Computers _____ Other _____	<u>ADMINISTRATIVE ASSISTANCE</u> Data Entry _____ Answering Phones _____ Other _____

**Availability:** Please indicate at which times you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_