



BOYS & GIRLS CLUBS
OF LA PORTE COUNTY

VOLUNTEER APPLICATION

321 Detroit Street
Michigan City, IN 46360
(219) 873-2298

Office Use Only:

Interview: _____
Background: _____
Orientation: _____
Start Date: _____
End Date: _____

Name: _____
First *Last* *Middle Initial*

Address: _____
Street *City/State*

Email: _____ Age: _____ Date of Birth: _____

Highest level of education: _____ Area of Study: _____

Current place of employment: _____ Current CPR/First Aid: Yes No

EMERGENCY INFORMATION:

Emergency Contact Person: _____

Relationship: _____ Phone: _____

PERSONAL INFORMATION:

Do you have previous experience in working with youth? Please explain: _____

What are your hobbies/interests? _____

When would you like to start volunteering? _____

In what areas do you feel comfortable volunteering? (Circle all that apply)

Physical Activity *Arts & Crafts* *Academic Success* *Career Exploration* *Special Projects*

Office/ Administrative *Other* _____

What days/times are you available to volunteer? (Please check all that apply.)

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afterschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

1. Name: _____ Relationship to Applicant: _____

Phone: _____ Email: _____

2. Name: _____ Relationship to Applicant: _____

Phone: _____ Email: _____