



**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: \_\_\_\_\_ Phone: \_\_\_\_\_  
*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: \_\_\_\_\_