



# Volunteer Application

Check location where you are requesting to volunteer

- Moline Club  
 Davenport Club

- Moline Teen Center  
 Davenport Teen Center

Name: \_\_\_\_\_  Male  Female

Address (PO Box if in college): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Ethnicity** (check all that applies)

- |   |  |
|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> American Indian or Alaskan Native         |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Asian                  |  |

Reason for volunteering: \_\_\_\_\_

**Which of these areas do you have personal interest or skills in that you would like to share with our members?**

- |  |  |
|--|--|
| <input type="checkbox"/> Homework help/tutoring or educational programs        | <input type="checkbox"/> Service Learning                                      |
| <input type="checkbox"/> Arts programs (fine arts, dance, music, digital arts) | <input type="checkbox"/> Healthy Living and Life Skills                        |
| <input type="checkbox"/> Career development                                    | <input type="checkbox"/> Computers and Technology Programs                     |
| <input type="checkbox"/> Sports and Recreation                                 | <input type="checkbox"/> Special Event (Fun Friday, Club Party, Guest Speaker) |
|  | <input type="checkbox"/> Other: _____  |

Hours Available: \_\_\_\_\_

- Monday  Tuesday  Wednesday  Thursday  Friday

\* Please note that Club hours are typically 3:00 – 6:00 (7:00 at the Teen Centers), Monday – Friday during the school year (Wednesday clubs open at 1:30 pm).

\* Summer programming hours vary depending on the club site.

Approved  Not Approved Reason: \_\_\_\_\_



Please provide at least 3 references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

- I understand that I will need to provide a photo I.D. for identification purposes and I am also responsible for the cost of an annual background check of the amount of \$10 (non-refundable) and I must pass a background and reference check before I can volunteer at BGCMV.
- I understand I will need to complete assigned on-line trainings in the first 7 days of my start date as a volunteer (if computer access is needed time will be given before program hours at designated site).
- I give my permission for my picture to be taken and to be used in any publicity materials.
- I understand that I will be given a volunteer handbook at the time of my orientation.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date**

Approved     Not Approved    Reason: \_\_\_\_\_