Application Received:

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VOLUNTEER INVOLVEMENT PROGRAM (VIP) APPLICATION





BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY

Fingerprints:	On file	■ Not nee	ded un	de	r 18
	Volunteer	Handbook	Given	to	Applicant

For BGC/GC	Reference Checks			
Supervisor:	Date:// Date://	Reference 1 Ck. By Reference 2 Ck. By		
Orientation Done by:	Date://	Reference 2 Ck. 🗆 by		
For BGC/GCV Admin Use Only Date Approved:// Live Scan Service Forms Provided://				
Date Denied:// Staff: Volunteer Notified of Results on// by				
☐ Alumni ☐ ☐ Parent ☐	Auxiliary	Club Council		
OMISSION OF ANY OF THE ABOVE INFORMATION WILL CAUSE APPLICATION TO BE RETURNED TO THE CLUB FOR COMPLETION, EXTENDING PROCESSING TIME				



(Please include all requested information even if previously submitted by resume)

PERSONAL INFORMATION				
(Please print) First Name Middle	Last Name	Date of Application		
Street Address		Home Telephone		
City State	Zip Code	Cell Telephone		
E-mail Address:		Employer/Occupation		
Birthday Drivers License #	Expiration //	Business Phone		
Have you ever been EMPLOYED with us before? Yes No If Yes, when? Which location?		Male □ Female □		
Have you ever VOLUNTEERED with us before? ☐ Yes ☐ No If Yes, when?		Are you at least 18 years old?		
Which location?		☐ Yes ☐ No		
How did you hear about us? ☐ Friend/Family	☐ BGC/GCV Website	1 st Emergency Contact Name:		
☐ Company/Professional Affiliation	☐ BGC/GCV Fundraiser	Emergency Contact Phone:		
☐ www.volunteerventuracounty.org	☐ Newspaper	Relation to you:		
Other	_	Relation to you:		
Did someone refer you to us? If yes, who (name) Do you have any past or present VOLUNTEER exp No Yes No	2 nd Emergency Contact Name:			
If Yes, please describe		Emergency Contact Phone:		
Do you have any experience with youths? Yes No If Yes, please describe		Relation to you:		
		Will your volunteer time fulfill		
Are you affiliated with a club, service organization Yes No If Yes, please describe	school, community service, or court ordered required time? Yes No If Yes, please describe			

AVAILABILITY TO VOLUNTEER				
Day of the Week	Time of Day	Season	Commitment	
□ Monday□ Tuesday□ Wednesday□ Thursday□ Friday	☐ Morning (7:00 am - 10:00 am) ☐ Afternoon (2:30 pm - 6:30 pm) ☐ Evening (7:00 pm - 10:00 pm)	☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ All Year	☐ Weekly ☐ Monthly ☐ 3 - 8 Weeks ☐ 3 - 6 Months ☐ 6 - 12 Months	

^{*} Most program related activities will occur Monday through Friday. Most special events and fundraisers are held Saturday or Sunday.



Name:				
*Based on your skills and interes	ts, please indicate the area(s) where	e you would like to volunteer.		
FUNDRAISING OR ADMI				
☐ Fundraising Events	☐ Annual Gala Dinner & Auction	□Planned Giving		
☐ Word Processing	☐ Graphic Art	☐ Desktop Publishing		
☐ Data Entry	☐ Filing	☐ Mailings		
☐ Phone Calling	☐ Typing	☐ Answering Phones		
☐ Bookkeeping	☐ Computer Programming	☐ Public Relations		
☐ Board Member	☐ Grant Writing	☐ Community Outreach		
☐ Photographer/Videographer	☐ Volunteer Coordinator	☐ Class B License		
PROFESSIONAL OR CLUE	SS:			
☐ Public Speaking	☐ Gardening	☐ Games Room Activities		
☐ Teen Events (Dances,	☐ Guest Speaking	☐ Foreign Language		
National Kids Day, Youth of the	Specify:	Specify:		
Year)				
☐ Computer Training	Counseling	☐ Leadership Training		
☐ Coaching Sports	☐ Sports Programs	☐ Martial Arts		
Tutoring	☐ Arts	☐ Performing Arts		
Subject:	(Photography, Sketching, Scrapbooking, Other:)	(Drama, Dance, Improvisation, Music, Other:)		
☐ PVAC (Parent/Volunteer Advisory Council)				
MAINTENANCE:				
□ Carpentry	☐ Electrical	☐ Painting		
☐ Lawn Maintenance	☐ Heat & Air Maintenance	☐ Other:		
	TRAINING/SKILLS			
	volunteer opportunities at the Boys & y special skills or areas of interest the			
Are you bilingual? ☐ Yes ☐ No If so, what language do you speak or write?				
If Spanish, are you interested in translating Club flyers? Yes No				
	DEFERENCES			
Comple	REFERENCES ete information for at least TWO refe	erences.		

REFERENCES

Complete information for at least TWO references.

Former employers/supervisors are preferred.

Kind of Reference
(Personal or
Professional)

How do you know
the person?
(Manager, friend,etc.)

Phone Number
(REQUIRED)



REFERENCE CHECK DISCLOSURE STATEMENT:

My signature below certifies:

- All statements and information submitted on this application are true and correct
- BGC/GCV is authorized to conduct reference check(s) as part of a background investigation.

 Applicant Signature

 Date Signed

AUTHORIZATION: CRIMINAL BACKGROUND INVESTIGATION:

The BGC/GCV requires all current staff, volunteers and applicants 18 years old and over being considered for employment to undergo a criminal background investigation.

Results gathered from the criminal background check may be cause for immediate disqualification from the employment process and any volunteer activities.

The following crimes are of particular concern:

- Sexual conduct, abuse, exploitation or molestation of a minor Incest
- Commercial sexual exploitation of a minor Kidnapping
- Contributing to the delinquency of a minor Arson
- Assault or aggravated assault
- Larceny, burglary, robbery Domestic violence
- Manslaughter, murder Crimes involving weapons
- Felony or misdemeanor offenses involving the possession, sale, distribution, transportation or use of marijuana, dangerous drugs or alcohol

ADDITIONAL INFORMATION		
Do you currently use illegal drugs?	☐ Yes	No
Has your driver's license been suspended or revoked?	☐ Yes	No
Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of minors?	☐ Yes	No
Are you able to perform all duties		

I authorize the BGC/GCV, and any agency they may contact, to conduct a complete criminal background investigation.

PRINT NAME		
SIGNATURE	 DATE	

I certify that the above answers and information are true and correct:



CONFIDENTIALITY & AUTHORIZATION STATEMENT PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW: I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission of misstatement of material fact on this application will be grounds for rejection of this application or for immediate dismissal, regardless of the time elapsed before discovery. In order to safeguard the well being of the youth served by our organization, I authorize the BGC/GCV to verify all information provided by me on this application. I hereby authorize any reference listed on this application and/or any educational entity or person on this application to disclose to the organization any and all letters, reports and other information related to my work or educational record, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers, all educational entities listed on this application and all other persons or organizations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I understand that it is a requirement of the organization that all volunteers who work with or have contact with children be fingerprinted. I understand that the fingerprints will be used to check the criminal history records of the State of California, in addition to nationwide records. While volunteering with the BGC/GCV, information about the lives, abilities, and concerns of youth may be shared with you. This information is of a confidential nature. You must understand and respect the rights of privacy of our members and their families. You are required to use sound judgment in handling confidential information including reproducing copies of documents or disseminating information inside or outside the organization. Similar to a BGC/GCV employee, you as a volunteer are bound by a code of ethics to keep confidential matters within the confines of this organization. You may not discuss such information with anyone who does not have a professional right to know. The California Penal Code requires individuals who are actively involved with youth to report suspicion and/or knowledge of child abuse. All clubhouse staff/volunteers must immediately inform their clubhouse director of any suspected child abuse. Clubhouse Directors are responsible for assisting the staff/volunteers in completing the Suspected Child Abuse Report. Suspected child abuse must be reported immediately (or as soon as practically possible) by telephone with a written report sent within **36 hours** of receiving the information regarding the incident. (LA County - 800-540-4000; Ventura County - 805-654-3200) In light of the need to emphasize the importance of this policy, please read and sign the statement below. The undersigned hereby agrees to defend, indemnify and hold harmless the Boys & Girls Clubs of Greater Conejo Valley, Conejo Valley Unified School District, and its officers, employees and agents against any and all loss, liability charges, expenses (including attorney fees), and costs of whatsoever character which may arise by reason of participation in any program. (BGC/GCV does not provide accident, medical, liability, workers' compensation insurance, or any other insurance for program participants.) I agree to carefully inspect and satisfy myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises. I understand the BGC/GCV retains the right to use photographs, slides or video taped material of my child taken during activities for promotional purposes. I understand and will abide by the BGC/GCV policy of confidentiality & authorization as stated above. PRINT NAME SIGNATURE DATE Volunteers will ONLY begin working when application, reference checks, criminal history, and

Where Good Kids Get Even Better!

fingerprints have been processed and cleared.