



## GROUP VOLUNTEER APPLICATION

608 N. Elm Street, Arlington, TX 76011  
 Phone: (817) 275-6551 Fax: (817) 861-4922 Website: www.bgcartx.org

For ONE-TIME  
group volunteer  
projects only.

*It is a normal part of the Boys & Girls Clubs of Arlington procedure to reserve the right to make such checks as we deem appropriate on the suitability of working with children. This applies to professional and volunteer staff since it is our policy to treat volunteers with all the consideration given professionals.*

<b>ORGANIZATION/GROUP NAME:</b>	<b>DATE:</b>
<b>CONTACT NAME: (Must be an adult over 18)</b>	<b>TITLE OR POSITION:</b>
<b>MAILING ADDRESS:</b>	<b>APT#:</b>
<b>CITY:</b>	<b>ZIP:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>
<b>OTHER PHONE:</b>	<b>EMAIL ADDRESS:</b>

**PLEASE LIST THE NAMES OF ALL VOLUNTEERS IN YOUR GROUP (If more space is needed please attach sheet):**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**PREVIOUS BOYS & GIRLS CLUB EXPERIENCE:**

HAS YOUR GROUP VOLUNTEERED WITH THE BOYS & GIRLS CLUBS OF ARLINGTON BEFORE? If yes, give project information, dates, and location:	YES	NO
HAS ANYONE IN YOUR GROUP BEEN A MEMBER OR VOLUNTEER WITH THE BOYS & GIRLS CLUBS OF ARLINGTON BEFORE? If yes, explain:	YES	NO
WOULD YOU BE INTERESTED IN FORMING A LONG TERM VOLUNTEERING PROGRAM WITH THE BOYS & GIRLS CLUBS OF ARLINGTON?	YES	NO

**HOW DID YOU HEAR ABOUT THE BOYS & GIRLS CLUBS OF ARLINGTON?**

**WHY DOES YOUR GROUP WANT TO VOLUNTEER WITH THE BOYS & GIRLS CLUBS OF ARLINGTON?**

**HOW LONG CAN YOUR GROUP COMMIT TO THIS VOLUNTEER OPPORTUNITY?**

Please list dates or the length of time you are interested in committing:

ONE-TIME:	WEEKLY:	MONTHLY:	SEASONAL:
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**WHAT DAYS & TIMES CAN YOUR GROUP DEDICATE TO THIS VOLUNTEER OPPORTUNITY?**

Please list times and days you are interested in volunteering:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**WHICH BOYS & GIRLS CLUB LOCATION WOULD BE THE MOST CONVENIENT FOR YOUR GROUP?**

Kromer	Main	Roquemore	Shadow Brook	Southeast	Other _____
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**IS THERE A PARTICULAR GROUP YOU ARE INTERESTED IN WORKING WITH?**

Mark all that apply:

Males	Females	6-9	10-12	13-15	16-18	Adults Only ~ No Children on Site
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**PLEASE INDICATE THE TYPE OF ACTIVITY YOUR GROUP IS INTERESTED IN:**

<input type="checkbox"/> Tutoring & Homework Help – <i>specify interest(s)</i> _____ <input type="checkbox"/> Computers or Other Educational Activity – <i>specify</i> _____ <input type="checkbox"/> Career/Leadership/Character Development – <i>specify</i> _____ <input type="checkbox"/> Arts & Crafts/Cultural Awareness – <i>specify</i> _____ <input type="checkbox"/> Athletics/Health & Fitness – <i>specify</i> _____	<input type="checkbox"/> Special Interest Classes/Teaching a Hobby – <i>specify</i> _____ <input type="checkbox"/> Special Event/Public Speaking/Fundraising – <i>specify</i> _____ <input type="checkbox"/> Office/Clerical Work – <i>specify</i> _____ <input type="checkbox"/> Service Project/Clean-up/Maintenance – <i>specify</i> _____ <input type="checkbox"/> Other – <i>specify</i> _____
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**VOLUNTEER COMMITMENT AND LIABILITY RELEASE**

“On behalf of our group, I certify that (1) the information on this application is correct; (2) we promise to fulfill the commitments made to the Boys & Girls Clubs of Arlington (B&GCA); (3) we will abide by all B&GCA policies, rules, regulations, and standards of conduct; (4) we release the B&GCA, its employees, leaders, instructors, clients, and volunteers from any liability for loss or injury to the members of our group or property which may occur do to our negligence or other acts of omissions. I have read and understand this policy, have communicated this information to all group members and on behalf of my group, have the authorization to sign for all parties involved.”

➤ SIGNATURE OF GROUP CONTACT: \_\_\_\_\_

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

**MEDIA RELEASE**

“On behalf of our group, I certify that we authorize the B&GCA, without limitation, to copy, publish, exhibit or distribute photographs, video tapes, &/or written testimonies of our volunteers for the purpose of reporting or promoting volunteerism and/or the B&GCA programs. On behalf of all the members in my group, I have the authorization to waive all rights or claims I may have against your organization, and/or its agents, subsidiaries, or assignees related to the above media.”

➤ SIGNATURE OF GROUP CONTACT: \_\_\_\_\_

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

*Thank you for taking your time to complete this application and for your interest in the Boys & Girls Clubs of Arlington!*

**~ PLEASE DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY ~**

Date received: \_\_\_\_\_

Reference Check: \_\_\_\_\_

Received by/how: \_\_\_\_\_

Background Check: \_\_\_\_\_

Circle Location: KR MN RQ SB SE W.F. Other: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_