

Boys & Girls Clubs of Oakland
VOLUNTEER INFORMATION SHEET

P.O. Box 23203 Oakland, CA 94623
Phone: (510) 444-8211/ Fax: (510) 444-8224

Please Print or Type

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ (W) _____

EMAIL: _____

EDUCATION:

School/Location	Major	Graduate?	Degree
_____	_____	YES NO	_____
_____	_____	YES NO	_____

SCHEDULE PREFERENCE: (PLEASE CIRCLE)

Days Evenings Other _____ **CLUBHOUSE PREFERRED:** _____

MON TUES WED THUR FRI SAT

Where did you learn about our volunteer opportunities? _____

SKILLS AND EXPERIENCES:

What is your occupation? _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you have any past or present volunteer experience? If yes, please describe. _____

What type(s) of transportation do you use? _____

VOLUNTEER INTEREST(S):

_____ Dance/Singing	_____ Leadership/Mentoring	_____ Fundraising
_____ Telephones	_____ Technology	_____ Data Entry
_____ Education/Tutoring	_____ Photography	_____ Athletics
_____ Social Recreation	_____ Nutrition/Cooking	_____ Mailings
_____ Teens	_____ Arts & Crafts	
_____ OTHER: _____		

DO YOU HAVE FIRST AID/CPR CERTIFICATION? (please circle) YES NO

Please list the names and phone numbers of two people who know you well and can attest to your character, skill and dependability. (Please do not list relatives.)

1.) Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

2.) Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

DO NOT COPY THIS SIDE WHEN COMPLETE!

NAME (please print): _____
(Last) (First) (Middle)

Maiden or alias Names: _____

* Social Security Number: _____

* Date of Birth: _____

* Driver's License Number: _____ * State of Issue: _____

Please list addresses and dates for the past 7 years:

Current _____

Previous _____

Previous _____

ADDITIONAL INFORMATION

Please circle the applicable response.

Have you ever been convicted of a felony/criminal offense? Yes No

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 young people? Yes No

(Please use a separate sheet of paper to explain any "yes" responses.)

I hereby authorize Boys & Girls Clubs of Oakland and/or its agent(s) to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteer employment now and, if applicable, during the tenure of my volunteer employment with Boys & Girls Clubs of Oakland.

I release Boys & Girls Clubs of Oakland and/or its agent(s) and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that any offer of volunteer employment is contingent on a satisfactory background investigation. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

Signature _____ Date _____

* NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteer employment. Boys & Girls Clubs of Oakland is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

Return to: Boys & Girls Clubs of Oakland, P.O. Box 23203 Oakland, CA 94623
ATTN: Outreach Coordinator

-----DO NOT WRITE BELOW THIS LINE-----

Personal References Checked – No. 1: _____ No. 2: _____

Criminal Background Check: _____ Confirmed: _____

Volunteer Accepted/Denied – Notified: _____ Orientation Scheduled – Date/Time: _____

Placement Beginning Date: _____ Position: _____

Staff Member Contact: _____ Schedule: _____