

VOLUNTEER INVOLVEMENT PROGRAM (VIP) APPLICATION



BOYS & GIRLS CLUBS OF CONEJO & LAS VIRGENES

Fingerprints : On file Not needed under 18
 Volunteer Handbook Given to Applicant

<p style="text-align: center;">For BGC/CLV Club Use Only</p> <p>Interview by: _____ Date: ___/___/___</p> <p>Supervisor: _____ Date: ___/___/___</p> <p>Orientation Done by: _____ Date: ___/___/___</p>	<p style="text-align: center;">Reference Checks</p> <p>Reference 1 Ck. <input type="checkbox"/> By _____</p> <p>Reference 2 Ck. <input type="checkbox"/> By _____</p>
<p style="text-align: center;">For BGC/CLV Admin Use Only</p> <p>Date Approved: ___/___/___</p> <p>Live Scan Service Forms Provided: ___/___/___</p> <p>Date Denied: ___/___/___</p> <p>Staff: _____</p> <p>Volunteer Notified of Results on ___/___/___ by _____</p>	

Application Received: ___/___/___ From: LC Col Seq Red

Last Name _____ First Name _____

OMISSION OF ANY OF THE ABOVE INFORMATION WILL CAUSE APPLICATION TO BE RETURNED TO THE CLUB FOR COMPLETION, EXTENDING PROCESSING TIME

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VOLUNTEER APPLICATION

Name: _____

*Based on your skills and interests, please indicate the area(s) where you would like to volunteer.

FUNDRAISING OR ADMINISTRATION:		
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Annual Gala Dinner & Auction	<input type="checkbox"/> Planned Giving
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Graphic Art	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Filing	<input type="checkbox"/> Mailings
<input type="checkbox"/> Phone Calling	<input type="checkbox"/> Typing	<input type="checkbox"/> Answering Phones
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Board Member	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Photographer/Videographer	<input type="checkbox"/> Volunteer Coordinator	<input type="checkbox"/> Class B License
PROFESSIONAL OR CLUBS:		
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Games Room Activities
<input type="checkbox"/> Teen Events (Dances, National Kids Day, Youth of the Year)	<input type="checkbox"/> Guest Speaking Specify: _____	<input type="checkbox"/> Foreign Language Specify: _____
<input type="checkbox"/> Computer Training	<input type="checkbox"/> Counseling	<input type="checkbox"/> Leadership Training
<input type="checkbox"/> Coaching Sports	<input type="checkbox"/> Sports Programs	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Tutoring Subject: _____	<input type="checkbox"/> Arts (Photography, Sketching, Scrapbooking, Other: _____)	<input type="checkbox"/> Performing Arts (Drama, Dance, Improvisation, Music, Other: _____)
<input type="checkbox"/> PVAC (Parent/Volunteer Advisory Council)		
MAINTENANCE:		
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting
<input type="checkbox"/> Lawn Maintenance	<input type="checkbox"/> Heat & Air Maintenance	<input type="checkbox"/> Other: _____

TRAINING/SKILLS
The above is only a sampling of volunteer opportunities at the Boys & Girls Clubs of Conejo & Las Virgenes (BGC/CLV). Please list any special skills or areas of interest that were not represented above: _____ _____
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what language do you speak or write? _____ If Spanish, are you interested in translating Club flyers? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES			
Complete information for at least TWO references. Former employers/supervisors are preferred.			
Name	Kind of Reference (Personal or Professional)	How do you know the person? (Manager, friend, etc.)	Phone Number (REQUIRED)

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VOLUNTEER APPLICATION

REFERENCE CHECK DISCLOSURE STATEMENT:

My signature below certifies:

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

Applicant Signature

Date Signed

AUTHORIZATION: CRIMINAL BACKGROUND INVESTIGATION:

The BGC/CLV 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform all duties	

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

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

PRINT NAME

SIGNATURE

DATE

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VOLUNTEER APPLICATION

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 or 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/CLV 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/CLV, 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/CLV 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.

I understand and will abide by the BGC/CLV policy of confidentiality & authorization as stated above.

PRINT NAME

SIGNATURE

DATE

Volunteers will ONLY begin working when application, reference checks, criminal history, and fingerprints have been processed and cleared.

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