



BOYS & GIRLS CLUBS
OF PUEBLO COUNTY

Authorization for Release of Information

I consent to have a consumer report made as to my employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for volunteer placement purposes, including initial decisions regarding volunteering assignments, promotions, reassignment, and/or retention. I hereby authorize Boys & Girls Clubs to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request within a reasonable time after I execute this authorization.

Date: _____

Signature: _____

Print Full Name: _____

Previous Name(s): _____

All States Resided in During the Last Five Years: _____

Date of Birth: _____

Social Security Number: _____

Drivers License Number and State Issued By: _____

Current Street Address: _____

Current City, State, Zip: _____

Current Telephone: _____

Comments: _____



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VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Boys & Girls Clubs of Pueblo County. The Boys & Girls Clubs of Pueblo County is requesting the following information from you as an applicant for volunteering with our organization. **You must complete all portions of this application.**

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Are you related to any youth served by the BGC or a BGC employee? If yes, list names. _____

Please share with us why you are interested in helping out at the Club.

What kind of time commitment are you willing to make?

- One time Six weeks to three months Three to six months
- Six to nine months Nine to twelve months Other time commitment

What languages do you speak fluently? _____

REFERENCES

Please provide the names of three individuals, not related to you, whom you have known for a period of time. Do not leave any information blank.

Name	Address, City, State and Zip	Area Code and Telephone	Nature of Relationship	Length of Relationship

Name: _____

Site of Interest: Sprague East Side Avondale Support Services (Administration)

Are you a parent of a Club member? YES NO

I prefer volunteering with (check all that apply):

_____ 6-8 years old _____ 9-11 years old _____ 12 years and older

Area of Volunteering Interest:

Academic Success: _____Homework Help/Tutoring _____Science Programs
 _____Internet Safety Programs _____Educational Games

Healthy Lifestyles: _____Health & Nutrition Programs _____Athletic Skill Development Programs
 _____Drug Prevention Programs _____Violence Prevention Programs
 _____Health Living Programs

Good Character & Citizenship: _____Character Development Programs _____Games Room Activities

Economic Success: _____Economic Literacy Programs
 _____Money Matters (13+)

Support Services: _____Translation _____Clerical/Administrative
 _____Other: _____

Availability:

Please indicate the time frame you are available to volunteer each day.

_____Mondays _____Tuesdays _____Wednesdays _____Thursdays

_____Fridays _____Saturdays _____Special Events and/or Field Trips? (Yes or no.)

Equal Opportunity Statement: Qualified applicants receive consideration without discrimination because of gender, age, religion, marital status, sexual orientation, race, color, creed, national origin or disability.

Please return application to:
Boys & Girls Clubs of Pueblo County
Attention: Christina Martinez
2601 Sprague Ave.
Pueblo, CO 81004
Phone: (719)564-0055 Fax: (719) 561-4594
or E-mail to: christinam@bgcpueblo.org

FOR OFFICE USE ONLY:

Primary Program Area: _____ Volunteering Tier: _____ Site: _____

Completed Packet Date: _____ Date of Orientation: _____ Start Date: _____ Verified By: _____



EMERGENCY INFORMATION

VOLUNTEER'S NAME

EMERGENCY CONTACT (1)

EMERGENCY TELEPHONE NUMBER

EMERGENCY CONTACT (2)

EMERGENCY TELEPHONE NUMBER

PRIMARY CARE PHYSICIAN AND PHONE NUMBER

DENTIST AND PHONE NUMBER

EYE DOCTOR AND PHONE NUMBER

ALLERGIC REACTIONS

CURRENT PRESCRIBED MEDICATIONS

OTHER PERTINENT INFORMATION

HEALTH INSURANCE

GROUP NO.

SSN

BLOOD TYPE

CONTACT WEARER (Y/N?)

ORGAN DONOR(Y/N?)

TODAY'S DATE _____



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STATEMENT OF CONFIDENTIALITY

Information regarding Club members, paid staff and volunteer staff, both verbal and written, is often privileged and confidential. Personal information is not to be released without written consent of the individual involved. Because of the very serious implication a breach of confidentiality could have, one condition of staff employment or volunteerism is to maintain this confidentiality.

I agree to keep privileged information confidential regarding Club members and staff (both volunteer and paid.)

Volunteer Signature _____ Date _____