



BOYS & GIRLS CLUB
OF GREATER OXNARD AND
PORT HUENEME

BGCOP STAFF USE ONLY

Date Received: ___/___/___ Staff Initials _____
 Start Date: ___/___/___ Staff Initials _____
 Pass Live Scan: Yes No
 Volgistic # _____
 MVS HHS PH PHTC NC Squires ASP

YOUTH VOLUNTEER APPLICATION

PERSONAL INFORMATION		
First Name	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	Zip Code
Social Security Number	Email Address	
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ - _____	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ - _____	
Emergency Contact Name	Relationship	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (____) _____ - _____
Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	Do you speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain:	
EDUCATION		
Name of School	Location	Expected Graduation Year
VOLUNTEER EXPERIENCE		
How did you learn about our volunteer opportunities?	Do you have any volunteer experience? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide details.	
Name of Organization:	Position Title:	Dates
Responsibilities		
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Responsibilities		

ADDITIONAL QUESTIONS

What skills and/or hobbies would you like to share with our members?

Do you have any relatives that work for our organization? No Yes

If Yes, please list names:

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

If Yes, please explain.

Any Known Allegies? YES NO

If Yes, explain:

REFERENCES

Name	Relation	Name
Email		
Name	Relation	Name
Email		
Name	Relation	Name
Email		

*I authorize the Boys & Girls Clubs of Greater Oxnard and Port Hueneme to investigate all statements in this application and to secure any necessary information for all my volunteer service and references. I also authorize the Boys & Girls Clubs of Greater Oxnard and Port Hueneme to conduct criminal records checks or any other background checks deemed necessary to determine my suitability for volunteering at the Boys & Girls Clubs of Greater Oxnard and Port Hueneme. *Our organization performs background checks on all volunteers to ensure the safety of our youth. Social Security Number is required for this process.*

COMPLETE BACKGROUND CONSENT MUST BE SUBMITTED WITH VOLUNTEER APPLICATION

Volunteer Signature

Date

Parent/Guardian's Signature

Date