



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

ADULT VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Last Name	First Name	<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:	
EMPLOYMENT INFORMATION		
Current Employer	Occupation	Supervisor
EDUCATION		
	Name & Location	Major/ Graduate?
High School		
College or University		
Other Schools (Graduate, Technical, Business, Military, etc.)		
VOLUNTEER EXPERIENCE		
How did you learn about our volunteer opportunities?		
Do you have experience working with youth? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please explain)		
Position	Company/Agency	Dates
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AVAILABILITY				
I would like to volunteer # _____ of hours per week			Are you available on weekends for games, field trips or special events? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Monday	Tuesday	Wednesday	Thursday	Friday
ADDITIONAL QUESTIONS				
Are you a Boys & Girls Club Parent? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a Boys and Girls Club Alumni? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever volunteered at a Boys & Girls Club before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide details.		Club Location: Dates:		
What skills and/or hobbies would you like to share with our members?				
Any Known Allegies? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain:				
Have you ever been convicted of a criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain.		Explanation:		
REFERENCES				
Name	Relation		Contact Information	
Name	Relation		Contact Information	
Name	Relation		Contact Information	

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.

Signature

Date

LIVE SCAN APPLICATION FORM MUST BE SUBMITTED WITH VOLUNTEER APPLICATION

Mariana Cazares
Vice President of Operations
Boys & Girls Clubs of Greater Oxnard and Port Hueneme
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O: 805.483.1118 | E:mcazares@bgcop.org | W: www.BGCOP.org

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