

Volunteer Name: _____

Age: _____

Application Date: _____



**BOYS & GIRLS CLUBS
OF ALBANY**

Volunteer Application

A complete application MUST include:

- A filled out Volunteer Application
- Finger Print Receipt

The Boys & Girls Clubs of Albany

21 Delaware Ave.
Albany, NY 12210

Phone: 518-462-5528

Fax: 518-462-5540

**All applications must be submitted to Carly Smith, Community Outreach and Volunteer Coordinator

Volunteer Information

Name: _____ Sex: M F

Date of Birth: ___/___/___ Ethnicity: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip-code: _____

E-mail: _____ Phone: _____

Please check all areas in which you would enjoy working. If you have special skills or talents not listed, please include in the "other" category.

<input type="checkbox"/> Administrative/Office Work	<input type="checkbox"/> Teens	<input type="checkbox"/> College Preparation
<input type="checkbox"/> Academics/Education	<input type="checkbox"/> Social/Games	<input type="checkbox"/> Career Development
<input type="checkbox"/> Athletics	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Computers	<input type="checkbox"/> Team Sports	_____
<input type="checkbox"/> Art	<input type="checkbox"/> Gang Prevention	_____

Where did you hear about volunteer opportunities at BGCA? (ex: Community Service Fair, Friend, website, etc)

Please indicate your general availability (include hours if possible)

M T W TH F

Volunteer References

Please list 3 references we may contact about your volunteer position below:
 (Please indicate whether it is a personal or professional contact.)

Name	Phone Number	Relationship (Personal / Professional)
1.		
2.		
3.		

You must be fingerprinted in order to complete the application process. Please use the following information:

Fingerprint Information:

1. Please call 1-877-472-6915
 or go online to www.L1enrollment.com
2. They will ask for 2 numbers:
 - a. ORI#: NY922130z
 - b. Agency ID: 00044809
3. Fingerprint Location: 10 Colvin Ave Albany, NY
4. Give fingerprint receipt to the BGCA Volunteer Coordinator

Can you briefly describe your experience working with children/teens:

Please list what you would like to get out of your time volunteering here (both personally and professionally):

Emergency Contact Information:

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____



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21 Delaware Ave. Albany, NY 12210

Background Investigation Consent

I, _____, hereby authorize the Boys & Girls Clubs of Albany and/or its agents to make an independent investigation of my background, references, character, past employment, criminal or police records, driving 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 qualification for employment/volunteer work now and, if applicable, during the tenure of my work with the Boys & Girls Clubs of Albany.

I release the Boys & Girls Clubs of Albany and/or its agents and any person or entity, which provides information to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Other Names Used

Present Street Address

Length of time at present address

City/State & Zip Code

Former Address

Length of time at former address

City/State & Zip Code

Date of Birth

Social Security #

Driver's License #

State of License

Signature

Date

To be completed by Program personnel:

____ Volunteer ____ Pre-Employment Screening ____ Current Employee _____ Name Unit/Program

To be completed by Administration:

____ Approved ____ Clearance Denied ____ Date Viewed ____ Amount charged ____ Initials