



OFFICE USE	Requested By _____ Due _____
	Current COMET Status <input type="checkbox"/> New <input type="checkbox"/> Member <input type="checkbox"/> Parent <input type="checkbox"/> Child Prof
	Orientation Completed Date _____
	Bkgrnd Ck Date _____ Results _____
	COMET ID _____ <input type="checkbox"/> ID tag made

Downtown: 543 CENTER ST • SANTA CRUZ, CA 95060 • 831-423-3138  
 Live Oak: 925 17<sup>TH</sup> AVE • SANTA CRUZ, CA 95062 • 831-477-4095  
 Scotts Valley: 5060 SCOTTS VALLEY DR • SCOTTS VALLEY, CA 95066 • 831-535-7017

www.boysandgirlsclub.info  
 bgcsantacruz@gmail.com

## ADULT VOLUNTEER APPLICATION

(Please Print)

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

At which Clubhouse are you most interested in volunteering?  Downtown  Live Oak  Scotts Valley

Are you interested in participating as a long- or limited-term weekly volunteer?  Yes  No

If yes, what area(s) of programming interest you most?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Education/Tutoring          | <input type="checkbox"/> Games Room           | <input type="checkbox"/> Pre-School/Kinder Buddy |
| <input type="checkbox"/> Fine Arts/Crafts            | <input type="checkbox"/> Technology/Computers | <input type="checkbox"/> Music/Performing Arts   |
| <input type="checkbox"/> Sports/Fitness              | <input type="checkbox"/> Teen Programs        | <input type="checkbox"/> Gardening               |
| <input type="checkbox"/> Fundraising/ Special Events | <input type="checkbox"/> Board Member         | <input type="checkbox"/> Admin/Development       |

Please fill in the days and times that you are available to volunteer.\*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

*\*Limited volunteer opportunities exist after 6:00 pm. Clubs are closed on weekends.*

Total number of hours each week you are available to volunteer: \_\_\_\_\_

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): \_\_\_\_\_

List any special skills, areas of knowledge and/or experience (including non-English languages):

\_\_\_\_\_  
 \_\_\_\_\_

List any previous volunteer experiences (include name of organization) or experience working with youth.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Are you a College/University student?**  Yes  No

Name & location of school: \_\_\_\_\_

**Are you volunteering as part of a Service-Learning course or program?**  Yes  No

If yes, please provide the following: Course title: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

Instructor's phone # or email address: \_\_\_\_\_

**Please provide two personal references.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**How did you learn of Boys & Girls Clubs of Santa Cruz County?**

**Are you a former member of a Boys & Girls Club?**  Yes  No

If yes, what was the name and location of the club?

**Are you volunteering as part of a corporate/community program or organization?**  Yes  No

If yes, what is the name of the program/organization?

**What size t-shirt do you wear?**  Small  Medium  Large  XL  2XL

*NOTE: Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and is not used in any manner to make decisions or judgments regarding a prospective volunteer.*

**Gender:**  Female  Male

**Race/Ethnicity:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asian/Pacific Islander       | <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Native American/Native Alaskan |
| <input type="checkbox"/> South Asian                  | <input type="checkbox"/> Hispanic/Latino     | <input type="checkbox"/> Mixed-Ethnicity                |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Other _____                    |

**BY SIGNING THIS DOCUMENT I AM AWARE THAT BOYS & GIRLS CLUBS OF SANTA CRUZ COUNTY MAY CONTACT THE ABOVE LISTED REFERENCES.**

Applicant Signature:

Date:

**PLEASE RETURN COMPLETED APPLICATIONS TO:**

**BOYS & GIRLS CLUBS OF SANTA CRUZ COUNTY**

Downtown Clubhouse:  
543 CENTER ST  
SANTA CRUZ, CA 95060  
(831) 423-3138

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