



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

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

**Office Use Only**

New Applicant? Yes  No  Club Member?

Requested By: \_\_\_\_\_ Due: \_\_\_\_\_

COMET ID: \_\_\_\_\_  ID tag

## YOUTH VOLUNTEER APPLICATION

(Please Print)

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

City: \_\_\_\_\_ E-mail: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ School: \_\_\_\_\_

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"/> Front Desk/Admin        |

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

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.

\_\_\_\_\_

\_\_\_\_\_

Please provide two personal references.

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

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

Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ 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

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 _____                    |

**Voluntarism At-Will**

Every Club volunteer has an at-will relationship with the Club. Volunteers are free to resign their position at any time, just as the Club is free to terminate a volunteer for any reason at any time.

**Volunteer Count**

Volunteers are a vital part of our organization. We keep an accurate count of the number of volunteer and the amount of hours they serve at the Club on a daily, weekly and monthly basis. We ask that all volunteers sign in and out on a daily basis. We also ask that all volunteers wear a volunteer name badge to be easily recognized by staff, member, and parents.

**Manner and Professionalism**

Volunteers are expected to behave in an appropriate and professional manner at all time. Volunteers are viewed as role models to the members and should always keep this in the fore-front when interacting or assisting in the program areas.

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATIONS TO:**  
**BOYS & GIRLS CLUBS OF SANTA CRUZ COUNTY**

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*Propelling Nonprofits  
Empowering Volunteers*

113 South College Ave.  
Fort Collins, CO 80524  
[VerifiedVolunteers.com](http://VerifiedVolunteers.com)



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

Date \_\_\_\_\_

I, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby consent, on behalf of myself and said child, to have a background report prepared by Verified Volunteers and delivered to Boys & Girls Clubs of Santa Cruz County for use for volunteer purposes consistent with the disclosure and authorization provided to said child.

\_\_\_\_\_  
Signature of Legal Parent or Guardian

\_\_\_\_\_  
Print Name