

Group or Organization
you are from:



Office use only:

Unit (please mark all units you are available
to volunteer in:

Elkton ___ Plains ___ South River ___

Simms ___ Spotswood ___

Stone Spring ___ Teen Center ___

School Year: _____

Date received: _____

Volunteer Application

Full Name: _____ Date of Birth: _____

Social Security Number: _____ Email Address: _____

Physical Address: _____

City/State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Where did you learn about BGCHR? _____

Are you seeking to volunteer in order to satisfy court ordered community service? Yes ___ No ___

If yes, explain: _____

If no, why do you want to volunteer with BGCHR? _____

Are there any physical limitations or are you under any course of treatments which might limit your ability to perform certain types of work? _____

Skills and Experience

Educational Background: _____

Occupation: _____ Employer: _____

Do you have past volunteer experience? Yes ___ No ___

If yes, please describe: _____

Hobbies/interests: _____

Areas of Interest (please check all that apply):

___ Administrative Offices (assisting with fundraising and/or with office and clerical work)

___ Health and Life Skills (leading group discussions on health issues)

___ Sports, Fitness and Recreation (Leading recreational activities)

___ Arts & Crafts (Working on special crafts)

___ Education & Career Development (tutoring/ homework help)

Activities not listed above that I am interested in:

Preferences in Volunteering

Which age group would you most enjoy working with?

5-12 13-18 Does not matter

Where would you like to volunteer?

Elkton Stone Spring Plains Simms
 Spotswood South River Teen Center

**** Please note: all clubs are open from 3-6p.m. except for Simms which is open from 2:45-6:30p.m.*

Days/ Times available to volunteer:

Monday hours
 Tuesday hours
 Wednesday hours
 Thursday hours
 Friday hours

Understanding and Authorization

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge, I also certify that I have not withheld any pertinent information. I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to verify information considering my background, I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers, and references listed above to give you any and all information concerning my education, employment and fitness to work with children and young people. I further agree to release and hold harmless the Boys & Girls Clubs of Harrisonburg and Rockingham County, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Volunteer Signature: _____ Date: _____