



Office use only: Unit Assigned:
 Elkton ___ Plains ___ South River ___ Simms ___
 Spotswood ___ Stone Spring ___ Teen Center ___
 School Year: ___ Date received: ___

Volunteer/Intern Application

Full Name (First, Middle, Last **in full**) : _____

Date of Birth: _____

Social Security Number: *(for background check)*: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Physical Address: _____

City/State: _____ Zip Code: _____

1. Are you interested in volunteering or an internship? _____

2. Are you willing to undergo a background check? Yes/No

3. Check days and fill in times available (specific hours available during each day, ex. 2pm-6pm) :

___ Monday _____ hours

___ Tuesday _____ hours

___ Wednesday _____ hours

___ Thursday _____ hours

___ Friday _____ hours

4. What date are you available to start? (ex. 1/11/21) _____

5. Is this for a graded internship? Yes/no *(If no, proceed to question 7)*

If yes, what is the class?

How many semester hours? _____ Expected Start Date & Finish Date: _____

What percentage of your grade is the internship? _____

Professor contact information: _____

6. Where did you learn about BGCHR? _____

7. Why do you want to be involved with BGCHR? _____

8. Skills and Experience

Educational Background: _____

Occupation: _____ Employer: _____

Do you have past volunteer experience? Yes ___ No ___

If yes, please describe: _____

Hobbies/interests:

9. Areas of Interest (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:

References (Beyond Professor provided above):

Name and Contact Information: _____

Name and Contact Information: _____

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 and that I have not withheld any pertinent information. I understand in the course of considering my application, you may inquire to verify information concerning my background. I specifically authorize you to verify information concerning my background, and 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/Intern Signature: _____ Date: _____