BRIGADE
BOYS & GIRLS CLUB

# VOLUNTEER APPLICATION

**FULL NAME:** _____

**DATE OF BIRTH:** _____

**SOCIAL SECURITY NUMBER:** _____

**ADDRESS:** _____
**CITY:** _____ **ZIP:** _____

**PHONE NUMBER:** _____

**DAY AND HOURS YOU ARE AVALIABLE**: Mon: _____ Tues: _____
Wed: _____ Thurs: _____
Fri: _____ Sat. _____

**PLEAST LIST YOUR TALENTS, GIFTS, AND ABILITIES:**

_____
_____
_____
_____

**PLEASE CIRCLE AREAS YOU WOULD BE INTERESTED IN VOLUNTEERING.**

| | | | |
|---|---|---|---|
| Athletics | Education | Social Recreation | Visual Art |
| Computers | Performing Arts | Other: _____ | |

**PLEASE SHARE YOU REASONS FOR VOLUNTEERING:**

_____
_____
_____

**LIST ANY REFERENCES WITH PHONE NUMBERS:**

_____
_____
_____

I hereby authorize the Brigade Boys & Girls Club to make an independent investigation of my background, criminal or police 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.

**Signature of Applicant:** _____ **Date:** _____

Please email the completed application to: ahill@brigadebgc.org