BRIGADE
BOYS & GIRLS CLUB

VOLUNTEER APPLICATION

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

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

PHONE NUMBER: _____

EMAIL ADDRESS: _____

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 or fax to 910/792-0280