



## **BOYS & GIRLS CLUBS OF SOUTHERN ILLINOIS**

Dear Volunteer:

Thank you for your interest in volunteering at the Boys & Girls Clubs of Southern Illinois. We are looking for volunteers and would love to meet with you. Here is the process to get started:

1. Complete the attached application, as well as paying the \$15 background check fee, and submit via email or mail. Background check fees can be paid online ([bgcsi.org](http://bgcsi.org)), or at the administration office with the Human Resources Manager (101 S. Lewis Lane, Carbondale IL 62901).
  - a. Email: Send to [asinnard@bgcsi.org](mailto:asinnard@bgcsi.org)
  - b. Mail: Mail to PO Box 3092, Carbondale IL 62902
2. Once the background check has been processed and comes back, as well as references contacted, the Human Resources Manager will be in contact to set up your volunteer orientation.
3. Further set up will be conducted at the orientation.

Please contact me if you have any questions.

Yours in Service,

Alahna Sinnard  
Human Resources Manger  
Boys & Girls Clubs of Southern Illinois  
PO Box 3092  
Carbondale, IL 62902  
618-457-8877 ext. 0015  
[asinnard@bgcsi.org](mailto:asinnard@bgcsi.org)



# VOLUNTEER APPLICATION

## Contact Information

Name	
Street Address	
City, State, ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	

## College Student Information

Major	
Year in School	
Last Previous Address	
City, State, ZIP Code	

## Purpose of Volunteering

- College Student- Required for Course/School
  - Course Name: \_\_\_\_\_
  - # of Hours Required: \_\_\_\_\_
  - University/College: \_\_\_\_\_
- SIU RSO: \_\_\_\_\_
- Community Volunteer
- Corporation Volunteer
  - Name of Corporation: \_\_\_\_\_
- Community Service Hours/Court Mandated
  - Probation Contact: \_\_\_\_\_
  - # of Hours Required: \_\_\_\_\_
- Community Service Hours/TANF
  - Probation Contact: \_\_\_\_\_
  - # of Hours Required: \_\_\_\_\_

## Availability

Monday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

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

### **Age Group Preference**

Tell us which age group you would prefer to work with. We will try and place you with this preference as much as possible.

- Kindergarten-1<sup>st</sup> Grade
- 2<sup>nd</sup>-3<sup>rd</sup> Grade
- 4<sup>th</sup>-5<sup>th</sup> Grade
- 6<sup>th</sup>-8<sup>th</sup> Grade (Middle School)
- 9<sup>th</sup>-12<sup>th</sup> Grade (High School)

### **Site Preference**

Tell us which site you would prefer to work at. We will try and place you with this preference as much as possible.

- Springer Street
- Rebound Alternative High School
- Carbondale Middle School
- Lewis School
- Marion Unit
- Marion High School
- Administration Office

### **Interests**

Tell us in which area(s) you are interested in volunteering.

- Administration
- Programming (Youth)
- Building Maintenance/Cleaning
- Special Events
- Fundraising

### Boys & Girls Club of America Knowledge and Experience

What is your experience and knowledge about the Boys & Girls Club of America? If you have been involved with a Boys & Girls Club- where and when?

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Trainings/Certifications

Do you have any of the following certifications or trainings? If so, please mark them below and bring a copy of your certificate to keep on file.

- First Aid
- CPR
- CPI
- Mandated Reporter
- Other

○ Please list: \_\_\_\_\_

### Emergency Contact

Name and Relationship	
Street Address	
City, State, ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	

## References

Please list 3 references.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

## FOR OFFICE USE ONLY

Date Orientation Scheduled: \_\_\_\_\_

Orientation Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Entered into Volunteer Trax: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments:



**BOYS & GIRLS CLUBS**  
OF SOUTHERN ILLINOIS  
PO Box 3092  
Carbondale, IL 62902

## BACKGROUND CHECK RELEASE OF INFORMATION

I, ----- LEGAL LAST NAME ----- ----- LEGAL FIRST NAME ----- ----- LEGAL MIDDLE NAME -----

-----  
Current Physical Address (MUST INCLUDE STREET, CITY, STATE, AND ZIP CODE)

----- Phone Number ----- Email Address

----- Date of Birth ----- Social Security Number ----- Gender ----- Race

Have you ever been arrested or convicted of a felony: YES  NO   
Have you ever been arrested or convicted of a misdemeanor: YES  NO

If you answered yes to either question above, please provide a brief explanation of offense and date below:

My signature below indicates my understanding that I am being considered for a position of employment or volunteer at the BGCSI and I hereby authorize BGCSI to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Illinois or National Registries. I understand that I may at anytime request in writing a copy of all findings. I further understand that information obtained during the investigation(s) may be used as a basis for the acceptance or denial of appointment or reappointment, as well as termination when appointed to the above position pending completion of my records check investigation.

I understand that refusal to supply accurate information and sign this release will result in termination of the appointment process. All information I hereby authorize to be obtained will be confidential.

Applicant Signature:

----- Print Name ----- Signature ----- Date

**OFFICE USE ONLY**

Cost: \$15    Check    Cash    Debit/CC    Waived    Received: Date \_\_\_\_\_ By: \_\_\_\_\_  
 Identification Verified (picture ID): DL:     State ID: \_\_\_\_\_    Other: \_\_\_\_\_  
 Employment: \_\_\_\_\_    Program Volunteer:     Board Volunteer: \_\_\_\_\_    Other: \_\_\_\_\_  
 Date Background processed: \_\_\_\_\_    Background Results received: \_\_\_\_\_  
 Approved:     Denied:     Result Concerns: \_\_\_\_\_