



Boys & Girls Club of Mount Vernon

350 South Sixth Avenue, Mount Vernon NY 10550 ☐ 914-668-9580 ☐ Fax: 914-668-1902

Community Service Application

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Emergency Contact: _____ Relationship to You: _____

Emergency Contact Phone#: _____

Emergency Contact Email Address: _____

Are you employed? (Please circle one) Full Time Part Time Not Employed

Name of Employer: _____

Position: _____ Dates of Employment: _____

Do you attend school? (Please circle one) Full Time Part Time

Name of School: _____

List days and times you are available. (See example)

Day	Hour	Circle one	-	Hour	Circle one
THU	11:30	am pm	to	7:00	am pm
MON		am pm	to		am pm
TUE		am pm	to		am pm
WED		am pm	to		am pm
THU		am pm	to		am pm
FRI		am pm	to		am pm
SAT		am pm	to		am pm
SUN		am pm	to		am pm

Areas of Interest (Check all that apply)

- | | | | |
|----------------------------------|--------------------------|----------------|--------------------------|
| After School Program (ages 6-13) | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> |
| Teen Program (ages 14-18) | <input type="checkbox"/> | Janitorial | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | Computers | <input type="checkbox"/> |
| Art | <input type="checkbox"/> | Game Room | <input type="checkbox"/> |
| Sports | <input type="checkbox"/> | Administrative | <input type="checkbox"/> |
| Other (Please Specify) | <input type="checkbox"/> | | |
-

Are you an alumnus(ae) of the Boys & Girls Club? **Yes** **No**

If yes, which club? _____

Describe any previous experience working with children. (Please Print)

References

Give names and contact information of three people (not related to you) who have knowledge of you character, experience, and ability. (Please Print)

<u>Name</u>	<u>Phone</u>	<u>Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Boys & Girls Club of Mount Vernon Policy for Volunteers Age 18 and Older

All volunteers age 18 and older are required to have a full background check. As a part of the background check, volunteers must be fingerprinted.

I have read and agree to abide by this policy. **SS#:** _____

_____ **Print Name** _____ **Date**

_____ **Signature**