



# Boys & Girls Club of Mount Vernon

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

## Work Study 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)

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**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 who are 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**