

Business Office Use Only: Application Expiration Date \_\_\_\_\_

**GREAT FUTURES START HERE.**



NAME \_\_\_\_\_  
LAST FIRST M.I.

DATE \_\_\_\_\_

## VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer with the Boys & Girls Clubs of St. Lucie!  
Volunteers are critical to helping us fulfill our mission *to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.*

We look forward to learning more about you and strive to make the experience meaningful and rewarding for both you and the youth we serve.

The process of becoming a Boys & Girls Clubs of St. Lucie County volunteer is as follows:

- Complete and submit a “Volunteer Application” Form found at [bgcofslc.org](http://bgcofslc.org)
- Once application is submitted, Human Resources will process the application and submit a Level I background screening.
  - Volunteers have the opportunity to volunteer for 10 hours or less per month.
  - All volunteers (including 16 of age and older) will need a Level 1 screening conducted.
  - All volunteers (including 16 of age and older) needing 10 or more hours per month are required to be Level 2 fingerprinted.
- Once background screenings are complete, the volunteer will be invited to a welcome orientation and will be placed at a desired location.

(Police Officers are exempt from background screenings.)

**CHECK ALL THAT APPLY AND BRIEFLY DESCRIBE YOUR REASON FOR WANTING TO VOLUNTEER WITH THE BOYS & GIRLS CLUBS OF SAINT LUCIE COUNTY:**

- 
- Community Service Hours (Hours needed and by what date)
  - Court Appointed Service (Hours needed and by what date)
  - Volunteer
-

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**VOLUNTEER APPLICATION FORM**

**INSTRUCTIONS: COMPLETE ALL SECTIONS IN PRINT.  
LEAVE A BLANK OR N/A FOR SECTIONS THAT DOES NOT APPLY TO YOU.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

GENERAL			
NAME (Last)	(First)	(Middle)	TELEPHONE (Area Code)
OTHER NAMES USED	EMAIL ADDRESS:		
CURRENT ADDRESS (Please list previous address if you have not lived at your current address for more than 1 year.)			
PREVIOUS ADDRESS			
EDUCATION LEVEL: EMPLOYER: WORK PHONE#:			<input type="checkbox"/> HIGH SCHOOL COLLEGE  <input type="checkbox"/> GRADUATE SCHOOL OTHER
PREVIOUS/CURRENT VOLUNTEER EXPERIENCE:			
SPECIAL SKILLS/HOBBIES/INTERESTS:			

HOW DID YOU ABOUT VOLUNTEER OPPORTUNITIES AT THE BOYS & GIRLS CLUBS OF ST. LUCIE?

PERSONAL REFERENCE NAME: CONTACT# YRS. KNOWN

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**Please check which location you would like to volunteer**

**Chuck Hill Unit**  
198 NW Marion Avenue  
Port St. Lucie, FL 3483  
772-249-4173

**Garden Terrace Unit**  
3104 Avenue J  
Fort Pierce, FL 34947  
772-464-6634

**Infinity Unit**  
1011 N. 23<sup>rd</sup> Street  
Fort Pierce, FL 34950  
772-460-7868

**Ken Pruitt Unit**  
10673 SE Lennard Road  
Port St. Lucie, FL 34983  
772-398-0028

**Corporate Office**  
3104 Avenue J  
Fort Pierce, FL 34947  
772-460-9918

**School Based Clubs Office**  
607 N. 7<sup>th</sup> Street  
Fort Pierce, FL 34950  
772-409-4491

**School Based Club Locations:**

- Bayshore  Floresta  Lakewood Park  Manatee  Mariposa  Morningside  
 Oak Hammock  Palm Pointe  Rivers Edge  St. Lucie West  Westgate  Windmill Point

**Volunteer Availability:**

Please check the days that you are available and indicate times (for ex: Monday from 10AM to 1PM)

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Weekend Events <input type="checkbox"/>

Choose the age group (s) in which you are interested:  6 to 9  10 to 12  13 & older  No preference

Please list any specific volunteer areas of interest under the following categories:

Education	Arts	Sports	Recreation	Office/Clerical

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Tell us about yourself:

What experience do you have in related areas?

**Volunteers under 18 years of age**

If you are under 18 years of age, you must have a parents' authorization to volunteer.

\_\_\_\_\_  
(Signature of Parent or guardian)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_ (volunteer) certify that all statements on this application are true and hereby authorize investigation of all statements contained in this application. I further understand that volunteering will be conditional upon initial and continual satisfactory background screen results.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Background Disclosure and Authorization Form

### **Disclosure Regarding Background Investigation**

The Boys & Girls Clubs of St. Lucie County may obtain information about you for employment purposes from a third party consumer reporting agency. Thus you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with such sources such as your neighbors, friends, or associates. These reports will be generate for employment and/or volunteer purposes only, and may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigate consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by:

### ***First Advantage Background Screenings and Certiphi Screenings Incorporated***

The scope of this notice and authorization is all en-compassing, however, allowing Boys & Girls Clubs of St. Lucie County to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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### **Acknowledgement and Authorization Regarding Background Investigation**

I, \_\_\_\_\_ acknowledge receipt of this "Disclosure Regarding Background Investigation" and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Boys & Girls Clubs of St. Lucie County after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage Background Screenings.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Consumer Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

Current Address: \_\_\_\_\_

Number Street Apt# City State Zip

Previous Address: \_\_\_\_\_

Number Street Apt# City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ***For Human Resources use only***

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ORDER ID #	DATE