

WHAT AND WHERE ARE YOU INTERESTED VOLUNTEERING???

- Sandra M. Prescott Clubhouse
  - Youth Sports / What Sport? \_\_\_\_\_
  - Club Programming
    - Early Childhood
    - School Age
    - Teen Center
- Chelsea Clubhouse
- Palermo Clubhouse



**BOYS & GIRLS CLUBS**  
OF KENNEBEC VALLEY

## VOLUNTEER APPLICATION

### GENERAL INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Age \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
 Legal Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

### RACE-NATIONALITY (OPTIONAL):

\_\_\_\_ African-American    \_\_\_\_ Arab    \_\_\_\_ Native American    \_\_\_\_ Asian    \_\_\_\_ Hispanic  
 \_\_\_\_ Caucasian    \_\_\_\_ Russian    \_\_\_\_ Multi-Racial    \_\_\_\_ Other \_\_\_\_\_

### SCHOOL INFORMATION (If applicable)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

### REFERENCES This is someone who is not a family member and over the age of 18

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

### MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Permission for Doctors/Hospital: \_\_\_\_ Yes \_\_\_\_ No  
 Any Medical problems and/or allergies: \_\_\_\_\_  
 Please Indicate any medications presently taking: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a US Citizen to a legal resident of the US?    YES                      NO

Have you ever been convicted of any motor vehicle violations in the past 5 years?    YES                      NO

Have you been convicted of, pled guilty to, and/or pled nolo contendere to a crime (felony or misdemeanor, including but not limited to sexual offender crimes, theft, banking fraud, drug and/or alcohol-related offenses, assault, etc.)? YES                      NO

If yes, please explain (state, date, court, type of crime, place of occurrence, disposition):

\_\_\_\_\_

\_\_\_\_\_

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**PREVIOUS COACHING / VOLUNTEER EXPERIENCE/ WORK EXPERIENCE**  
List three coaching or volunteering experience you have had with children under the age of 18

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Other community activities: \_\_\_\_\_

Special Skills/Trades/Education: \_\_\_\_\_

When would you be available to volunteer? (Hours / Days of the Week) \_\_\_\_\_

Physical or mental limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteering in the State of Maine is considered an at-will opportunity. By signing this application, I attest to the fact that the information provided is true, correct and complete. Any misstatement, omission of fact or misrepresentation on this application may result in dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date