



**BOYS & GIRLS CLUBS**  
OF LAKE AND SUMTER COUNTIES  
**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Physical Home Address: \_\_\_\_\_  
CITY STATE ZIP

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Education: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
HIGH SCHOOL COLLEGE

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Area of Primary Interest: \_\_\_\_\_

Secondary and Special Skills: \_\_\_\_\_

Day(s) and Hours Available: \_\_\_\_\_

How long can you commit yourself as a volunteer? [ ] 1-3 months [ ] 3-6 months [ ] longer

IN CASE OF EMERGENCY – NOTIFY: Name \_\_\_\_\_ Phone: \_\_\_\_\_

REFERENCES:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Interviewer: \_\_\_\_\_

Remarks: \_\_\_\_\_

APPROVAL \_\_\_\_\_

DISAPPROVAL \_\_\_\_\_

Unit Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## BACKGROUND CHECK AUTHORIZATION

My signature below evidences my understanding that I am being considered for the position of \_\_\_\_\_ at the Boys & Girls Clubs of Lake and Sumter Counties, Inc. (BGCLSC) and that I hereby authorize BGCLSC to receive any criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in the state of Florida or the United States of America. I understand that as part of the background check, BGCLSC will also obtain my Florida motor vehicle record (if available) and confirm my Social Security Number. I further understand that information obtained during the investigation(s) may be used as a basis for the denial of appointment or reappointment, as well as termination when appointed to the above position or any other position pending completion of my records check investigation. I understand that the refusal to sign this release will result in termination of the appointment process. All information I hereby authorize to be obtained will be held strictly confidential.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Home Address (no P.O. Box – physical address only)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License State

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## CONFIDENTIALITY AGREEMENT

### Confidentiality of Information Acknowledgement:

I, \_\_\_\_\_, understand that any information which is disclosed to me while I am employed, assisting or volunteering in the Boys & Girls Clubs of Lake and Sumter Counties, Inc. is confidential information and that being confidential is protected by law. Federal Regulations (4-F.R. part 2) prohibit me from making any disclosures of such information without written consent of the person to whom the information pertains.

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date