

THE MISSION OF THE BOYS & GIRLS CLUB OF LAGUNA BEACH IS TO EMPOWER ALL YOUNG PEOPLE, ESPECIALLY THOSE THAT NEED US MOST, TO REALIZE THEIR FULL POTENTIAL AS HEALTHY, CARING, AND RESPONSIBLE MEMBERS OF SOCIETY.

CANYON BRANCH: 1085 LAGUNA CANYON ROAD • (949) 494-2535 • BLUEBIRD BRANCH: 1470 TEMPLE TERRACE • (949) 494-7630

ADULT VOLUNTEER APPLICATION

Please submit to the Canyon Enrichment Center Front Desk or Stephanie Schmitz, StephanieS@bgclaguna.org

Today's date://_				
Name:		Phone: E-mail:/ Date of Birth:/ Gender:		
Other Name(s) Used:				
Address:				
City:				
State:	Zip:	Ethnicity:		
Emergency Contact: Nar	ne: Re	lation:	_ Phone:	
How did you learn of the	Boys & Girls Club of Laguna Be	ach?		
Are you a former membe	er of a Boys & Girls Club? □ Ye	s □ No		
•	and location of the club?			
Are you a student?	∕es □ No			
Name & location of school:				
Are you volunteering as	part of a corporate/community p	rogram or organization?	□ Yes □ No	
If yes, what is the name	of the program/organization?			
Are you employed?	Yes No What is your occu	oation?		
	ease list your last two employers			
Time Frame	Name/Location of Employer	Position	Brief Description of Duties & Responsibilities	
From: To:	,			
From:				
То:				
Application received:/	FOR OFFICE	E USE ONLY	Background Check	
Application received:/ _			Background Check	
		Fee: F		

	Name and Location of School:	Number of Years Completed:	Graduated:	Degree obtained:	Major/ Specialization:
High School	0011011				
College/Post-graduate					
Please list any addition	al special skills, certif	ications, training,	expertise, and	or previous volunte	er experience.
At which location would	I you like to volunteer	?			
□ Canyon Branch	☐ Bluebird Brai	nch [El Toro Park		
What area(s) of progran	nming interest you mo	ost?			
□ Arts / Crafts		□ Athletics / Gym		□ Education / Tutoring	
☐ General Activities / F	Playground	□ Kindergarten		□ Technology / Computers	
□ Games Room (<i>Main</i>	Branch Only)	□ Teen Programs		□ Administration	
□ Mentoring / College	Prep	□ Music / Instruments		□ Coaching	
□ Special Events / Gar	rdening	□ Other:			
Please fill in the days ar	nd times that you are	available to volun	teer.		
Day	Monday Tu	uesday W	/ednesday	Thursday	Friday
Times					
_	Limited volunteer o	pportunities exist after (6:00 pm. Club is clo	sed on weekends.	
Total number of hours	each week vou are ava	lable to volunteer			
Estimated length of con	•		oitoly):		
Estimated length of con	minument (e.g. 3 month	s, o montris, maem	intery)		
Have you ever been cor					
f yes, please describe the c	narges in detail				
Please provide a referei	nce.				
Name:		Relation:		Phone:	
Name.		Neiation.		1 110116	
BY SIGNING THIS DOCUMEN	UT I AM AWARE THAT TH	E Bove & Gibl e Ci	LIR OF LACUNA	REACH MAY CONTACT	THE ABOVE LISTER
REFERENCES. I AGREE TO S					
NOT ENGAGE IN ANY UNSUF	PERVISED VOLUNTEER AC	TIVITIES PRIOR TO T	HE COMPLETION (OF THIS CHECK.	
Annlicant Signature:				Data:	/ /
Applicant Signature:				Dale.	1 1