



**BOYS & GIRLS CLUBS**  
OF THE FOX VALLEY

# Boys & Girls Club Fox Valley Volunteer Application

Thank you for your interest in the Boys & Girls Clubs of the Fox Valley!  
If you have any questions, please contact  
Samantha Packard, Volunteer Coordinator: 160 S. Badger Ave. Appleton, WI 54914  
[spackard@bgclubfoxvalley.org](mailto:spackard@bgclubfoxvalley.org)

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

Please Print or Type

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer/School: \_\_\_\_\_  
*Month Day Year*

Licensed Driver?  Yes  No Insured Driver?  Yes  No

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Ethnicity (Optional):

- Hispanic/Latino  Not Hispanic/Latino
- African- American/ African  American Indian or Alaskan Native  Asian
- Native Hawaiian or other Pacific Islander  White  More than one race

Where did you learn about our volunteer opportunities? (Please check one):

- Volunteer Center  Volunteer Newsletter  Newspaper  Friend  Advertisement

BGC employee: \_\_\_\_\_  Online (source): \_\_\_\_\_  Other: \_\_\_\_\_

Reason you want to volunteer at the Boys and Girls Clubs of the Fox Valley (Check all that apply):

- School requirement # of hours required:
- Other requirement: \_\_\_\_\_ # of hours required:
- Other reason: \_\_\_\_\_

**Please Note:** The Boys & Girls Clubs of the Fox Valley does **NOT** accommodate Adult Community Service hours. We apologize for any inconvenience.

**Age Group Preference**

Members of the Boys & Girls Club are ages 6 to 18. Which age groups would you most enjoy working with? Check as many as you would like!

- 6 to 9 year olds     
  10 to 12 year olds     
  13 to 18 year olds     
  No preference

**Areas of Interest**

Please check the area(s) that interest you. Check as many or as few as you like!

**Serving 6 – 12 Year Olds:**

<input type="checkbox"/>	<b>Learning Center</b> (tutoring, computers, etc.)	<input type="checkbox"/>	<b>Cadet Room</b> (socializing with K-2 <sup>nd</sup> grade, board games, coloring, Legos, etc.)
<input type="checkbox"/>	<b>Gym</b> (basketball, baseball, volleyball, etc.)	<input type="checkbox"/>	<b>Junior Room</b> (socializing with 3 <sup>rd</sup> – 6 <sup>th</sup> grade, board games, videogames, etc.)
<input type="checkbox"/>	<b>Art Room</b> (craft creations, art projects, painting, etc.)	<input type="checkbox"/>	<b>Technology Center</b> (working with computers, digital photography, etc.)
<input type="checkbox"/>	<b>Games Room</b> (bumper pool, carpetball, pool, etc.)	<input type="checkbox"/>	<b>Dance Studio</b> (teaching dance, workout classes, one-on-one teaching)
<input type="checkbox"/>	<b>Front Desk</b> (clerical, administrative, etc.)	<input type="checkbox"/>	<b>Music Room</b> (music lessons and music education)
<input type="checkbox"/>	<b>Cafeteria</b> (assisting with meals, set up, clean up, etc.)	<input type="checkbox"/>	<b>Drama Room</b> (teaching theatrics, improvisation, comedy, drama games, etc.)
<input type="checkbox"/>	<b>Group Clubs</b> (Torch Club, SMART Girls, Passport to Manhood, etc.)	<input type="checkbox"/>	<b>Other:</b> (please specify):

**Serving “The Club” Teen Center (13 – 18 Year Olds):**

<input type="checkbox"/>	<b>Games Room</b> (pool, air hockey, etc.)	<input type="checkbox"/>	<b>Career Center</b> (resume building, interview skills, life skills, job skills)
<input type="checkbox"/>	<b>Recording Studio</b> (music recording, editing, and teaching)	<input type="checkbox"/>	<b>Teen Café</b> (assisting teens with job experience)
<input type="checkbox"/>	<b>Stage Area</b> (performing music or drama)	<input type="checkbox"/>	<b>Technology Center</b> (tutoring, teaching technology skills, assisting teens with projects)
<input type="checkbox"/>	<b>Fitness Center</b> (fitness classes, individual training, other misc. fitness programming)	<input type="checkbox"/>	<b>Teaching Kitchen/Laundry</b> (teaching home-related skills)
<input type="checkbox"/>	<b>TV/Theatre Room</b> (interacting with youth)	<input type="checkbox"/>	<b>Group Clubs</b> (CareerLaunch, Money Matters, Date SMARTS, etc.)
<input type="checkbox"/>	<b>Other:</b> (please specify):		

**Type of volunteer work that interests you. Check all that apply:**

<input type="checkbox"/>	Working one-on-one with a single child	<input type="checkbox"/>	Assisting a staff member
<input type="checkbox"/>	Assisting with general office/administration duties	<input type="checkbox"/>	Group projects
<input type="checkbox"/>	Variety of duties	<input type="checkbox"/>	No preference

**Availability**

This section will determine the best days and times for your volunteer activity. Please mark all the days and times you will be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time(s) Available					

**Special Notes Regarding Availability:**

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**References**

Two references will be contacted on your behalf. References should know you well and be able to attest to your character, skills and dependability. **PLEASE HAVE THEM FILL OUT THE ATTACHED FORMS ON PAGES 7 & 8. THANK YOU.**

**Reference #1: IMMEDIATE FAMILY MEMBER**

Reference Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Reference Contact Phone: \_\_\_\_\_ Reference email address: \_\_\_\_\_

**Reference #2: SUPERVISOR, CO-WORKER, FRIEND, PASTOR, TEACHER, ETC.**

Reference Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Reference Contact Phone: \_\_\_\_\_ Reference email address: \_\_\_\_\_

**Please circle the applicable response.**

- Have you ever been convicted of a criminal offense?  Yes  No
- Have you ever been convicted of child abuse or neglect?  Yes  No
- Is there a pending charge against you for child abuse or neglect?  Yes  No
- Has your driver’s license been suspended or revoked?  Yes  No
- Are there any other facts or circumstances involving you or your Background that would call into question your being entrusted with the supervision, guidance and care of young people?  Yes  No

**Please explain any “Yes” responses.**

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- I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge.
- I also certify that I have not withheld any pertinent information.
- I agree that in the course of considering my application, you may inquire to verify information considering my background.
- I specially authorize you to investigate all statements in this application.
- I authorize educational institutions, employers, and references listed above to give you any and all information concerning my education, employment and fitness to work with children and young people.
- I further agree to release and hold harmless the Boys & Girls Clubs of the Fox Valley, institutions and references listed above, and any law enforcement agency from all liability and any damage that may result from furnishing this information to you.

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

*If applicant is under 18, a parent or guardian must also sign the application.*

**Parent/Guardian**

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

*Please return to:* Boys & Girls Clubs of the Fox Valley  
 ATTN: Samantha Packard, Volunteer Coordinator  
 160 S. Badger Avenue Appleton, WI 54914  
[spackard@bgclubfoxvalley.org](mailto:spackard@bgclubfoxvalley.org) (920) 750-5834



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Appleton, WI 54914

**BACKGROUND CHECK FORM**

**Completion of this form is required for all prospective and current employees and volunteers age 10 and older.** Failure to comply may result in a denial or termination of your employment or volunteer activities with the organization. **A Social Security number is required in order to complete the background check.** Please **PRINT** your answers **neatly**.

Employee       Volunteer

**Position Title & Location and/or Program:** \_\_\_\_\_

Name – First and Middle		Name - Last		For <b>FULL-TIME EMPLOYEES ONLY</b> : Please provide driver's license number and state issued in. <b>STATE:</b> _____	
Any other names by which you have been known (including maiden name)			Birth Date	Gender (M / F)	Race
FULL Address including <b>STREET, CITY, STATE AND ZIP CODE</b>				Social Security Number <b>(Required)</b>	
<b>Section A – ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION</b>				<b>YES</b>	<b>NO</b>
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? a. If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.					
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? a. If <b>Yes</b> , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.					
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? a. If <b>Yes</b> , explain, including when and where it happened.					
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? a. If <b>Yes</b> , explain, including when and where it happened.					

	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? a. If <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? a. If <b>Yes</b> , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? a. If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.		
<b>Section B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? a. If <b>Yes</b> , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? a. If <b>Yes</b> , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? a. If <b>Yes</b> , attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. b. You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 7 years? a. If <b>Yes</b> , list each state and the city or county and the dates you lived there. i. State: _____, City or County: _____, Dates: _____ ii. State: _____, City or County: _____, Dates: _____ iii. State: _____, City or County: _____, Dates: _____ iv. State: _____, City or County: _____, Dates: _____		
5. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? a. If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision.		

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**A "NO" answer to all questions does not guarantee clearance to work or volunteer for the Boys & Girls Club Fox Valley.**

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I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Boys & Girls Clubs of the Fox Valley  
Volunteer Reference Check Form**

**(Two reference checks are to be done for each candidate, one IMMEDIATE FAMILY MEMBER and one SUPERVISOR, CO-WORKER, FRIEND, PASTOR, TEACHER, ETC.) THESE MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION.**

Applicant Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Reference Contact Phone: \_\_\_\_\_ Reference email address: \_\_\_\_\_

1. In what capacity have you known the applicant and for how long?
2. How is the applicant's character and dependability?
3. What do you consider the applicant's major strengths, skills or talents?
4. What may be areas in which he or she can improve?
5. How well would the applicant work with youth ages 6 to 18 years old?
6. Do you have any concerns about this person working with children I should be aware of?

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

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