

WWW.BGCNCG.COM

Our Mission

To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.



BACKGROUND AUTHORIZATION FORM AGE 17 OR OLDER ONLY

I,, hereby authorize the Boys & Girls Clubs of North Central Georgia and/or its agents to make an independent investigation of my background, references, character, past employment, organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure for my employment with the company. I understand the Boys& Girls Clubs of North Central Georgia policy is re-check my background periodically throughout my tenure.																								
I release the Boys & Girls Clubs of North Central Georgia and/or its agents and any person entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.																								
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	Primary Telephone Number Previous Address (If you reside at your current address for less than one (1) year)																							

*Note: The above information is required for Identification purposes only, and is in no manner used as qualifications for employment. The Boys & Girls Clubs of North Central Georgia is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

City

State

Zip Code

REV 1/28/16 Human Resource

Address



FINGERPRINTS

National Criminal Background Check Information Sheet

APPLICANT'S NAME:								
APPLICANTS ADDRESS:								
APPLICANT'S PHONE NUMBER:								
DATE OF BIRTH:								
PLACE OF BIRTH:								
SEX: MALE FEMALE								
RACE: Asian or Pacific Islander Black or African American American Indian White (Includes Mexicans and Latinos) Unknown								
EYE COLOR:	HAIR COLOR:							
□ Black □ Brown □ Green □ Gray □ Hazel □ Maroon □ Multicolored □ Pink □ Unknown	□ Black □ Blonde □ Blue □ Brown □ Gray □ Orange □ Purple □ Pink □ Red □ Sandy	□ White						
HEIGHT: (In feet and Inches)	WEIGHT:							

Boys & Girls Clubs of North Central Georgia



Club Volunteer Application

I am volunteering as: an individ	lual							
Name								
Group Name (if applicable)	Group Director							
Street	Apartment #							
City, State, Zip								
Phone (day)(evening	ng)E-mail							
We primarily contact volunteers through check one of the following boxes. Pleas	e contact me through: Email phone							
*For Office Use Only								
Emergency Contact Name	Relationship							
Contact's Phone								
]	INTERESTS and SPECIAL SKILLS (check all that apply)							
☐ Education ☐ Health & Self Esteem ☐ Leadership ☐	Art							
	Location Preference							
Club/Location	or Neighborhood (i.e. Walton, Madison, Greensboro, Newton, Putnam)							
I hereby authorize Boys & Girls Clubs of North Central Georgia and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my service with company. I release Boys & Girls Clubs of North Central Georgia and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. I also hereby authorize the Boys & Girls Clubs North Central Georgia, without limitation, to copy, publish, exhibit or distribute photographs or video tapes of my volunteer activities for the purpose of reporting or promoting volunteerism. I waive all rights and claims I may have								
	liaries or assignees related to the above photos and videos. lete legal name and is true and correct to the best of my knowledge.							
Signature	Date							

Confidentiality Policy

The organization requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the members, the professional staff, other volunteers, and business operations of the Boys & Girls Clubs of North Central Georgia and its Affiliates.

The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization and in any situation involving minors, additional written consent from that minor's direct guardian. This includes but is not limited to member, employee and volunteer records and data, donors and clients, and accounting/financial matters.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Failure to comply with the confidentially policies of the organization may result in disciplinary actions, including the dismissal of the volunteer.

I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with Boys & Girls Clubs of North Central Georgia.

Volunteer Name:	
Volunteer Signature:	
Date:	
Boys & Girls Clubs of North Central Georgia Receipt of Volunteer Handbook	
I have received a copy of Boys & Girls Clubs of North Central Georgia's Volunte been afforded the opportunity to ask questions regarding its contents. I agree t information written within the handbook.	
Volunteer Name:	
Volunteer Signature:	

Date:



Individual Volunteer Contract & Agreement

VOLUNTEER NAME	AGE	<u> </u>	
DATE OF BIRTH	РНО	NE	
ADDRESSStreet	City	State	Zip Code
E-MAIL			
<u>I</u>	N CASE OF EMERGENC	Y NOTIFY	
NAME		PHONE	
ADDRESS		BUS. PHONE	
<u>VOLUNTE E</u>	ER CONTRACT AND AGR	EEMENT BETWEEN	<u></u>
	and the Boys & Gir	rls Clubs of North Cent	ral Georgia
Volunteer Nar The signing of this agreement by the Un	·· ·	amed, binds them to the	e following terms:
The Volunteer agrees to serve the	he program to the best of his/	her abilities in the capa	city of
Volunteer contracts are for one	program period as establishe		
The dates of your volunteer ser	vice are from(start date)	to (end date)	
Your schedule is:			
The volunteer agrees to abide b policies, as outlined in the Volu	-		*
Attend each volunteer orienAttend required program trComplete program evaluat		quarter.	
In accepting this position, I am willing t program, to represent the club well to th continuing improvement of a high qualit I can be dismissed at any point.	e public and to offer sugges	tions and criticisms to	the management for the
DATEVO	LUNTEER SIGNATURE _		
DATE	OIDECTOD SIGNATUDE		



Group Volunteer Partnership Agreement

This agreement between the Boys & Girls Clubs of North Central C	Coordia and	allows its
students/employees to volunteer their time assisting Club profess become productive adults.		
It is the Boys & Girls Clubs of North Central Georgia's goal that this volunteer and the organization, and this will help develop a long of the community. In order for this partnership to work, certain critical volunteer base for the Boys & Girls Clubs of North Central Georgian All volunteers will be contracted for one program period (8.12 years).	standing partnership to better se erion is needed to help in develop a.	rve the youth of ping a strong
All volunteers will be contracted for one program period (8-12 well is understood that volunteers must:	eks) with no obligation to stay of	n arter that time
 Complete a volunteer application. Attend each quarterly volunteer orientation. Attendance will be on time and regular, honoring agreed 	upon schedule.	
The Boys & Girls Clubs of North Central Georgia agrees to:		
 To match the volunteer's skills and interest appropriately Development, Character & Leadership Development, the Recreation and general program supervision. To provide training in becoming effective volunteers, wo and procedures. To provide supervision, weekly feedback and end-of-program supervision. 	Arts, Health & Life Skills, Sports, rking with youth and observing p	, Fitness &
The partnering organization agrees to:	; an evaluations.	
 To promote the Boys & Girls Clubs of North Central Georg To promote the Boys & Girls Clubs of North Central Georg To inform the Club Director of any changes that might aff 	gia programs to the community.	ganization.
This agreement is entered into for the purpose of enabling the yo circumstances, to become productive adults.	ung people, especially those fror	n disadvantaged
Representative, Title Partnering Organization	Date	

Unit Director

Date



Club Volunteer Questionnaire

Where did you learn about our volunteer opportunities?										
Will your volunteer time fulfill school, community service or organization required time?										
SKILLS AND EXPERIENCES										
What sorts of hobbies, interests and activities do you enjoy?										
What is your occupation?										
Do you have any past or present volunteer experience? If yes, please describe.										
INTEREST I	NVENTORY									
				vities you migh like! I would e	•	ipate in. Please	check the			
☐ Tutoring	– Which subject	ets?								
☐ Sports – 0	Coach or Assis	tant – Which s _l	port(s)?							
☐ Music – I	nstructor or As	ssistant – Whic	h type?							
Arts & Cr	afts or Perform	ning Arts – Inst	ructor or Assis	stant – What m	edium or genr	e?				
Listening	to a child read		Playing board	games	☐ Leadin	g a discussion	or club group			
☐ Mentorin	g a child/teen		Helping with s	pecial events	Chaper	roning a field tr	rip			
☐ Assisting	with fundraisi	ng $\square A$	Assisting with o	clerical work	☐ Helpin	g fix-up equipr	nent			
☐ Activities	not listed abo	ve that I am int	terested in inclu	ude:						
Which age gr	oups would yo	ou most enjoy v	working with?	Check as many	as you like!					
☐ 6 – 8 Yea	r Olds		9 – 10 year old	s	☐ 11 – 12	2 year olds				
☐ 13 – 15 y	\square 13 – 15 year olds \square 16 – 18 year olds \square Does not matter									
Please mark	all the days and	l times you wil	l be available	to volunteer.						
Days of the Week	M	Tue	W	TH	F	SAT	SUN			
Time										
Available										

VOLUNTEER PROCESS



Complete application





Background Check / Fingerprinting

Fingerprinting is implemented every five years



Letter of Approval





Club Tour / Orientation

Your start date will be given to you during orientation





Begin Volunteering

Contact:

Kayla Andrews, Human Resources Phone: 770-267-8034 Ext. 125 Email: kandrews@bgcncg.com