



BOYS & GIRLS CLUBS
OF CENTRAL MINNESOTA

JR VOLUNTEER APPLICATION

Personal Information

Print Name (Last)	(First)	(Middle)	Current Date
Address			Home Phone
City, State, ZIP			Social Security #
Have you ever been convicted of a criminal offense? (An affirmative answer will not necessarily disqualify you from being hired.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
How did you find us? Referral Source: <input type="checkbox"/> Walk-in <input type="checkbox"/> Club Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Club Member <input type="checkbox"/> Other: _____			
Have you ever been a KIDSTOP member? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ What site? _____			

Education

School	Name & Location of School	Number of Years Completed	List Special Classes if any
Elementary School			
Jr. High School			
High School			

Times Available to Report to Work:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Do not write "See resume".

May we contact the employers listed below? If not, which employer? _____

Reason: _____

1 Company Name				Employed (month & year) From To	
Address	City	State	Zip	Salary From To	
Job Title				Reason for Leaving	
Duties					
Name of Supervisor				Telephone ()	

2 Company Name				Employed (month & year) From To	
Address	City	State	Zip	Salary From To	
Job Title				Reason for Leaving	
Duties					
Name of Supervisor				Telephone ()	

Volunteer Experience

Company Name		Telephone	Volunteered (month & Year) From To	
Address			Name of Supervisor	
Job Title			Reason for Leaving	
Duties				

Company Name		Telephone	Volunteered (month & Year) From To	
Address			Name of Supervisor	
Job Title			Reason for Leaving	
Duties				

Personal References

List two references (Exclude previous supervisors and relatives)				
1. _____	Telephone: (Home) _____	(Work) _____		
2. _____	Telephone: (Home) _____	(Work) _____		

General

Please include any other information you think would be helpful to us in considering you for employment, such as activities, accomplishments, other skills and abilities, etc. (Please exclude all information indicative of race, color, religion, national origin, sex, physical or mental disability, protected veteran status or sexual orientation.)

Driver's License Number (if you have one): _____

Is there anything that would prohibit you from doing the job for which you are applying? ____Yes ____No

If yes please explain: _____

The Boys & Girls Clubs of Central Minnesota is a part of a nationwide and local effort to help assure the protection of children from abuse and exploitation. Therefore, to safeguard the well-being of the youth served, the Boys & Girls Club will investigate the accuracy of information provided in the application process for all applicants before appointment to the staff can be made. This investigation may include, but is not limited to, reference checking with past employers, the military, schools, appropriate volunteer agencies, police departments and other government agencies.

The Boys & Girls Club is an equal opportunity employer (EOE). We are dedicated to a policy of nondiscrimination in employment on any basis, including race, color, creed, religion, national origin, sex, marital status, disability, protected veteran status, sexual orientation or status as regard to public assistance.

Applications remain on file for 12 months.

Conditions of Employment: All employees of the Boys & Girls Clubs of Central Minnesota are "at will" employees. As such, they are retained at the discretion of the Executive Director and Executive Committee of the Board of Directors. The Boys & Girls Club retains sole discretion to make determinations of appropriate action to be taken in response to inappropriate, improper or illegal employee conduct. The Executive Director and Executive Committee shall retain sole discretion to determine the definitions of inappropriate or improper conduct. Additional policies may be added from time to time as necessary, without prior notice, at the discretion of the Executive Director or the Executive Committee of the Board of Directors.

Applicant's Statement of Agreement:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current and previous employers and organizations named in this applications (and accompanying resume, if any) to provide the Boys & Girls Club with relevant information that may be required to arrive at an employment decision.

Signature

Date



BOYS & GIRLS CLUBS
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2011/ 2012 Boys & Girls Clubs Membership Application/Emergency Form

Parents are responsible for notifying the Boys & Girls Club of any changes.

Member Information

Name _____ Date of Birth ____/____/____ Gender ____ Grade ____
(Please Print or Type) Last First

Ethnicity (Check One): ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: ___ White ___ Black or African American ___ Asian ___ American Indian or Alaskan Native
___ Native Hawaiian or Other Pacific Islander ___ Other (please specify) _____

Living with: (Please check only one) ___ Mother ___ Father ___ Both ___ Joint Custody ___ Foster Family ___ Grandparent ___ Other

Current School _____ County of Residence _____

KIDSTOP Site: _____

Unit Location: Eastside Roosevelt Southside (CIRCLE ONE)

Emergency Contacts (other than parents)

Name _____ Home/Work Phone _____

Name _____ Home/Work Phone _____

Parent Information

Mother _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State ____ ZIP _____

Employer/School _____ Work/Message Phone _____

Email Address _____ Are you enlisted in the Military? _____

Father _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State ____ ZIP _____

Employer/School _____ Work/Message Phone _____

Email Address _____ Are you enlisted in the Military? _____

Medical Information

Doctor _____ Office Phone _____

Dentist _____ Office Phone _____

Insurance Company _____

Policy # _____

Describe any unusual health conditions and or allergies of child _____

This box for office use only

New ____ Renew ____

Membership # _____

Membership Card
 Yes No

Photo Consent
 Yes No

Web Consent
 Yes No

Annual Membership Fee **\$10.00**

Cash/Check Amt. _____

Check # _____

Notes _____

Staff Initials _____

Date _____

Office = White
Unit = Blue-Staff Initials _____



**Don't forget to complete the
back of this form.**

Permission and Release Form

Parent Handbook and Fee Payment Policy

I agree to abide by the terms and conditions of the Boys & Girls Club Parent Handbook (a copy of which I have received) governing the enrollment of the child named on this Membership Application/Emergency form. I understand that payment of KIDSTOP® program fees is made on the first day of the week that child(ren) attend(s). I agree to abide by the terms and conditions of the Boys & Girls Clubs/KIDSTOP® fee policies.

Field Trip Transportation and Supervision

I agree to permit the child named above to participate in walking trips, field trips or other activities sponsored by The Boys & Girls Club. This permission is given with the understanding that transportation, if needed, will be provided by private vehicles driven by Boys & Girls Club staff members or volunteers, school buses and/or public transportation. I also understand that the children will be under Boys & Girls Club supervision throughout the duration of any field trip.

Safety

Knowing there is a certain amount of risk involved in even the simplest of children's games, sports and activities, I give my permission for my child to participate in Club activities and programs. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in Club programs or activities.

Insurance Coverage

I further certify that my child is covered by medical insurance as listed on the above Membership/Emergency form. I understand that insurance coverage is required in order for my child to participate in Club programs and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to abide by all of the rules of the Boys & Girls Clubs of Central Minnesota pertaining to the health and safety of the members and to inform the Club immediately of any changes in my child's health, health care insurance or medical provider. I also agree to inform the Boys & Girls Clubs of Central Minnesota immediately if my child contracts a serious communicable disease.

I agree that the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of action, whatsoever for any injury caused to me or to my child as a result of my child's involvement in Boys & Girls Club programs or activities.

I hereby expressly forever relieve and discharge said Boys & Girls Clubs of Central Minnesota from all acts of negligence on the part of the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders and affiliated agencies.

Exchange Of Information

I give my consent to any exchange of information between my child's Boys & Girls Club/KIDSTOP® staff and school professional staff whenever it would be beneficial to my child.

Authorization for Medical Care

In case of serious accident or illness to my child or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorize the staff of the Boys & Girls Clubs of Central Minnesota, my child's physician, dentist and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Clubs of Central Minnesota.

The following information is required for membership at the Boys & Girls Club. This information will not be used individually but grouped for fundraising and grant writing. All information is held strictly confidential.

Number of people in your household _____

Check a range for Annual Household Income:

Below \$20,400 \$27,401 - \$34,200 \$41,301 - \$48,300 \$55,201 - \$62,200 \$69,101 - \$76,100
 \$20,401 - \$27,400 \$34,201 - \$41,300 \$48,301 - \$55,200 \$62,201 - \$69,100 \$76,101 & Above

Photo Consent and Release Permission

For Print Media

Yes I give my permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child for promotional purposes and to waive any claims I may have against the Boys & Girls Club for all thereof.

No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child.

For Web Media

Yes I give permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child for promotional purposes on the organization's website www.bgcmmn.org.

No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child on the website.

I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Second Parent/Legal Guardian _____ Date _____
(optional)