



## Florecente Soccer Club Volunteer Application

Name: \_\_\_\_\_  Male  Female

Address (PO Box if in college): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Ethnicity** (check all that applies)  White  Hispanic  Black/African American  Asian  
 American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Other: \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

**Which of these areas do you have personal interest or skills in that you would like to share with our members?**

- |  |  |
|--|--|
| <input type="checkbox"/> Homework help/tutoring or educational programs        | <input type="checkbox"/> Healthy Living and Life Skills                        |
| <input type="checkbox"/> Arts programs (fine arts, dance, music, digital arts) | <input type="checkbox"/> Computers and Technology Programs                     |
| <input type="checkbox"/> Career development                                    | <input type="checkbox"/> Special Event (Fun Friday, Club Party, Guest Speaker) |
| <input checked="" type="checkbox"/> Sports and Recreation                      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Service Learning                                      |  |

Days and Hours Available: \_\_\_\_\_

I have received and read the volunteer orientation booklet.

I understand that I must pass a background check before I can volunteer at BGCMV.

I give my permission for my picture to be taken and to be used in any publicity materials.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Approved  Not Approved Reason: \_\_\_\_\_

**CONFIDENTIAL**

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City)  
\_\_\_\_\_  
(City) (State) (Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

*Please list additional addresses (if any) on back*

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Boys & Girls Clubs of the Mississippi Valley and Esperanza Center** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Boys & Girls Clubs of the Mississippi Valley, Esperanza Center** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Boys & Girls Clubs of the Mississippi Valley, Esperanza Center** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

Admin Use Only: Date Ran: \_\_\_\_\_ Reference Number \_\_\_\_\_ Initial: \_\_\_\_\_