



# Volunteer Application

1500 Temple Avenue, Camarillo, CA 93010

(805) 482-8113 www.bgccam.org

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Employers Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Education

	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other				

Do you have any physical liabilities which might prevent you from performing any type of your volunteer duties? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

In what area(s) would you like to volunteer in? Check all that apply.

Athletics	Coaching	Tutoring	Computers	Art	
Dance	Teens	Cleaning	Mentor	Other	

Please list other: \_\_\_\_\_

Why do you want to volunteer at the Boys and Girls Club of Camarillo? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*ALL interested volunteers working with youth must complete a background check with the Club prior to volunteering\*\*\***