



Volunteer Application

1500 Temple Avenue, Camarillo, CA 93010
 (805) 482-8113 www.bgccam.org

Date: _____

Last Name: _____ **First Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Employers Name: _____

Employers Address: _____

Emergency Contact Person: _____ **Phone:** _____

Education

May we confirm level of education? Yes___ No___

High School				
College				
Other				

Do you have any physical limitations 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		Teaching		Tutoring		Events		Art		Program Support
Dance		Teens		Cleaning		Mentor		Other		Admin/Research

Please list other: _____

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

NEXT STEP: Email this form to yes@bgccam.org A staff member will respond.

ALL VOLUNTEERS must be at least 16 years old. A complete background check is required prior to volunteering.