



GREAT FUTURES START HERE.
BOYS & GIRLS CLUBS
OF THE GOLDEN TRIANGLE

INDIVIDUAL VOLUNTEER APPLICATION

(Please Print)

Name: _____ Phone (Cell): _____

Address: _____ Email: _____

City: _____ Age: _____

State: _____ Zip: _____ DOB: _____

Are you interested in participating as a long- or limited-term weekly volunteer? **Yes** **No**

Please fill in the days and times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

**** The Club is closed on weekends****

Total number of hours each week you are available to volunteer: _____

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): _____

List any special skills, areas of knowledge and/or experience (including non- English languages):

List any previous volunteer experiences (include name of organization) or experience working with youth.

EDUCATION HISTORY

School (High School/College)	Major	Classification/Year

Who referred you?

- Maroon Volunteer Center ____
- Volunteer Starkville ____
- Advertisement ____
- Other: _____

Are you a former member of a Boys & Girls Club? Yes No

If Yes, what was the name and the location of the club? _____

Please indicate the areas in which you would like to volunteer (check as many as apply):

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Health | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Educational Garden | <input type="checkbox"/> Healthy Eating | <input type="checkbox"/> Science |
-

Note: Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and is not used in any manner to make decisions or judgements regarding a prospective volunteer.

Gender (check one): Female Male

Race/Ethnicity (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> African American, non-Hispanic | <input type="checkbox"/> Native American/Native |
| <input type="checkbox"/> South Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Mixed-Ethnicity |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Caucasian, non-Hispanic | <input type="checkbox"/> Other _____ |
-

I certify that the information in this application is true and complete to the best of my knowledge. I understand that if I volunteer falsified information on this application it shall be grounds for dismissal.

Applicant Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATIONS TO:

Samantha Rogers (Columbus Volunteer/ Mentor Coordinator) rogers.columbusbgc@gmail.com

Shaniqua Morgan (Starkville Unit Director) - morgan@bgcgoldentri.org

Malikah Moore (West Point Volunteer/ Mentor Coordinator)- moore.bgcgt@gmail.com

**BOYS & GIRLS CLUB OF THE GOLDEN TRIANGLE, Inc.
P.O. BOX 2367
Starkville, MS 39760**