

Volunteer Application

Serving the Brigham City, Tremonton & Logan Areas
Main Office, 650 E 700 S Brigham City, Utah 84302
435-723-6224; www.bcbclub.org
Original must be turned in at a Club Site.

Name: _____
Last Name First Name Middle Name

Gender (Circle One): Male Female Other : _____

Address: _____
Street # and Name Apt. #

_____ City State Zip

Home Phone: _____ Work Phone: _____

Employer: _____ Position: _____

Birth Date: _____ SS#: _____

Driver's License #: _____ State Issued: _____

If a Student,
School: _____ **Phone:** _____

Your signature below confirms that the above stated information is true and current to the best of my knowledge, and I have not deliberately withheld any information that could affect my chance to volunteer. I understand that falsified or undisclosed pertinent information can result in my dismissal from volunteering with the Boys & Girls Club of Northern Utah. Your signature below confirms that you understand (a) that information you may learn about members of the Boys & Girls Club of Northern Utah is confidential; (b) that contact with members outside of the Boys & Girls Club of Northern Utah activities is not permitted, and (c) that the Boys & Girls Club of Northern Utah, its personnel and the Board of Directors are not responsible for any injury to you which occurs due to your involvement with the Boys & Girls Club of Northern Utah. All volunteers must pass a background check prior to working at the Boys & Girls Club of Northern Utah, within any of its programs or at any of the sites. Information on this application will be maintained confidential.

Signature Date

Boys & Girls Club of Northern Utah Authorization for Background Check

I authorize the Boys & Girls Club of Northern Utah to use the following information to run a background check. As a staff member of the Boys & Girls Club, the Club administration must have a background check on file free of violent offenses, offenses against children, and felonies to remain in compliance with the Boys & Girls Club of America and other United States Federal Agencies who may fund the club. I understand that the Club administration will keep all information obtained confidential and in a locked cabinet within a locked office when club hours are not in session.

Full Name: _____

Birthday: _____

SSN: _____

Address: _____

Mothers Maiden Name: _____

Other Names Used: _____

I attest that all information listed above is accurate and true.

Authorized by: _____