



Applicant Information

Full Name: _____ Date of Birth: / /
Last First M.I.

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security No.: _____ Gender: Male Female Transgender Non-Binary
Full name, date of birth and social security number are required for the background check.

Voluntary Disclosure

Have you ever been arrested and/or charged with a crime? YES NO Have you ever been convicted of a crime? YES NO

Are there any outstanding warrants against you? YES NO Are you able to carry out duties of position as outlined in job description? If No, identify potential needed accommodation(s). YES NO

At which location are you seeking employment?

- Northtown Clubhouse
 Lisa Stiles-Gyllenhammer Clubhouse
 The Club at Keystone
 Administration
 544 E. Providence Ave
 13120 N. Pittsburg St.
 612 S. McDonald Rd.
 544 E. Providence Ave
 Spokane, WA 99207
 Spokane, WA 99208
 Spokane Valley, WA 99216
 Spokane, WA 99207
 (509)489-0741
 (509)368-9175
 (509)489-0741
 (509)489-0741

Please return completed application to the Clubhouse you are seeking a volunteer placement at

Volunteer Applicants

AVAILABILITY Please fill in the days and times of availability to volunteer. Available Start Date: _____				NOTE: General Hours of Operation: School Days: 3:00 – 7:00p.m. Half Days: 1:00 – 6:00p.m. Summer/School Day Off: 7:00a.m. – 6:00p.m.			
DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
TIMES:							

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Program Interest

What areas of program interest you most:

Education and Workforce Development

Music/Performing Arts

Mentoring

Visual Arts

Technology

Nutrition

Sports, Fitness and Recreation

Teen Programs

Health and Life Skills

Experience

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

List any previous experiences working with youth (include name of organization):

References

Please list three professional (non-related) references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Certifications		
Certification		Expiration Date:
Driver's License	<input type="checkbox"/> No <input type="checkbox"/> Yes State:	
First Aid/CPR	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Food Handlers Permit	<input type="checkbox"/> No <input type="checkbox"/> Yes State/County:	
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	

How did you learn about the Boys & Girls Clubs of Spokane County?

Are you a former member of a Boys & Girls Club? No Yes (If yes, what was the name and location of the Club?)

NAME	
LOCATION	

Emergency Contact	
Emergency Contact Name	
Relation to Volunteer	<input type="checkbox"/> Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Neighbor <input type="checkbox"/> Spouse <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other, please list:
Phone	Email

This form grants the Boys & Girls Clubs of Spokane County permission to submit the information above to the local police departments and other appropriate agencies for a background check. The background check results will be released to the Boys & Girls Clubs of Spokane County to curb our parents' concerns about adult supervision of the children in our programs and satisfy liability insurance requirements. All prospective employees are asked to complete this form, regardless of sex, race, color, creed or social status.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer service, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

NOTE: Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and will not be used in any manner to make decisions or judgments regarding a prospective employee.

Race/Ethnicity	
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Asian
<input type="radio"/> Native Hawaiian or Pacific Islander	<input type="radio"/> White, or non-Hispanic
<input type="radio"/> Black or African American	<input type="radio"/> Two or more races
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Don't Know
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Other: