



BOYS & GIRLS CLUBS OF SANTA MONICA

1238 Lincoln Blvd. Santa Monica, CA 90401 (310) 394-2582 – fax (310) 458-8857

For Office Use Only: Intake Date: Orientation: Interview: Membership: Start Date: End Date:

YOUTH VOLUNTEER APPLICATION

(You must be at least 16 years old to volunteer at Boys & Girls Clubs of Santa Monica)

Name: First Last Middle Initial

Address: Street City/State Zip

Home Phone: Cell Phone:

Email: Age: Date of Birth:

Sex: Height: Weight: Hair Color: Eye Color:

Race: American Indian Asian African American Hispanic Caucasian Other Rather not Answer Please Note: This information is for statistical purposes only.

What grade are you in? What school do you attend?

Do you speak a second language? If yes, what? Current CPR/First Aid: Yes No

EMERGENCY INFORMATION:

Contact Person: Relationship: Phone:

Do you have insurance coverage? Company: Policy #:

Is there anything that you cannot do physically?

Do you take any medications? If yes, which ones?

Family Doctor: City: Phone:

PERSONAL INFORMATION:

Do you have previous experience working with youth? Explain.

Why are you interested in volunteering at Boys & Girls Clubs of Santa Monica?

What do you feel you can offer the Club and its members?

What are your hobbies/interests?

When would you like to start volunteering?

Are you interested in working:    One-on-One            Small Groups (2-5)            Large Groups (5-25)

In what areas do you feel comfortable volunteering? (Circle all that apply)

**Athletics**            **Arts/Crafts**            **Games Room**            **Computers**            **Tutoring**            **Fundraising Events**  
**Coaching**            **Teen Center**            **College Bound**            **Office**            **Other** \_\_\_\_\_

What days and times are you available to volunteer? (Please write in approximate times you are available)

| <b>MONDAY</b>  | <b>TUESDAY</b> | <b>WEDNESDAY</b> | <b>THURSDAY</b> | <b>FRIDAY</b>  |
|----------------|----------------|------------------|-----------------|----------------|
| Morning_____   | Morning_____   | Morning_____     | Morning_____    | Morning_____   |
| Afternoon_____ | Afternoon_____ | Afternoon_____   | Afternoon_____  | Afternoon_____ |
| Evening_____   | Evening_____   | Evening_____     | Evening_____    | Evening_____   |

What length of time would you like to volunteer for? (This can be an approximation)

A few weeks            One Month            A few months            One year            A few years            Longer

**REFERENCES**

1. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**STATEMENT OF UNDERSTANDING**

*I am interested in participating in Boys & Girls Clubs of Santa Monica's Volunteer Program. I understand that the schedule requires my attendance on a regular basis as coordinated with the Club Staff. I understand that in order to receive credit for these hours (if seeking credit), I am expected to fulfill my time commitment and serve at a satisfactory level.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian's Name (printed)

\_\_\_\_\_  
Relationship to Applicant

**GREAT FUTURES START HERE.**



# MEMBERSHIP APPLICATION

## Youth Ages 6-18

**Main Branch**  
1238 Lincoln Blvd.  
Santa Monica, CA 90401  
Phone: (310) 394-**CLUB**  
Fax: (310) 458-8857  
[www.smbgc.org](http://www.smbgc.org)

### MEMBERSHIP DUES

|                               |             |
|-------------------------------|-------------|
| Total Cost Per Member         | \$1000      |
| Individual Contributions      | -\$680      |
| Corporate Contributions       | -\$300      |
| <b>Parents Responsibility</b> | <b>\$20</b> |

For more than 65 years, the Boys & Girls Clubs of Santa Monica has made its services available to families for less than \$20 per year. The reality is that the cost to offer these programs is nearly \$1,000 per child per year – the balance of which is covered by contributions of partners and individuals who see the value of our services to the community. If your family can afford to contribute more, please use the box below to do so. Every little bit of support helps us strengthen our Club and our programs.

### Please check all that apply:

- Membership \$20.00 per year (Includes a T-Shirt First Year Only)
- (OPTIONAL) Additional contribution to Club programming \$ \_\_\_\_\_

I wish to become a member of the Boys & Girls Clubs of Santa Monica. I promise to follow all the rules. I promise to respect my Boys & Girls Club staff, fellow members, and facility. I promise to respect my Boys & Girls Club Membership as a privilege and never lend my club card to anyone.

\_\_\_\_\_  
*Member's Signature*

### Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Gender:  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_  
Ethnicity:  African American  Caucasian  Latino  Asian Pacific  Native American  Other \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Receives Free/Reduced Lunch:  Yes  No Lives With:  Mother  Father  Both  Other \_\_\_\_\_

### Primary Parent / Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address:  Same as Above - New Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Family Income:  Less Than 30k  30- 50k  51-99k  100-150k  150-200k  Over 200k  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_



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**Other Parent / Guardian Information**First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  FemaleHome Address:  Same as Above - New Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Medical Information**

Does the member have any physical, emotional, or other limitations that might impact the member's use of the Club or receipt of emergency medical treatment or about which the Clubs otherwise should be aware?  YES  NO - If YES, please explain \_\_\_\_\_

Medication taken regularly \_\_\_\_\_ Please list any allergies \_\_\_\_\_

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**Emergency Contact Information (Please List 2)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**BOYS AND GIRLS CLUBS OF SANTA MONICA  
DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER**

**PLEASE READ THIS DOCUMENT CAREFULLY AS YOUR SIGNATURE INDICATES THAT YOU  
HAVE AGREED TO SIGN AWAY RIGHTS**

In consideration of being permitted to enter the Santa Monica Boys & Girls Clubs (the "Club") facilities for any purpose and to participate in any program, event, or activity affiliated with the Club, whether or not located on Club premises, I agree to the following:

\_\_\_\_\_  
(initial) **Not Childcare. I ACKNOWLEDGE THAT THE CLUB PROVIDES RECREATIONAL SERVICES ONLY; IT DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purposes.** I realize the Club has an open-door policy and that my child is free to come and go as he or she chooses. Parents or legal guardians who wish for their children to remain at the Club must instruct their children to do so.

\_\_\_\_\_  
(initial) **Release. For myself and the child listed below, and anyone who claims by and through our stead, I FOREVER RELEASE AND PROMISE NOT TO SUE the Club, its Board of Governors, officials, agents, volunteers, employees, staff, members, managers, officers, associate agents, contractors, sponsors, vendors, exhibitors, and/or any other person or company in any way associated with the Club, to the maximum extent allowed by law, from any and all liability, claims, demands, damages, or any other legal responsibilities in any way related to the use of the Club or its facilities or participation in any Club programs, events, or activities. This release includes without limitation any and all claims, foreseeable and unforeseeable, relating to physical or other injury, death, or damage to property and any and all claims relating to negligence or negligent instruction, hiring, supervision, inspection or maintenance.**

\_\_\_\_\_  
(initial) **Indemnification.** I FOREVER AGREE TO INDEMNIFY AND REIMBURSE THE CLUB for any damages or liabilities it may incur due to my presence or actions, or the presence or actions of the child listed below, members of my family or my household, or individuals I invite or for whom I am responsible upon or about the Club's premises or in any way observing or using any facilities or equipment of the Club or participating in any program affiliated with the Club, whether on the Club's premises or elsewhere, including but not limited to damages or liability resulting from the negligence of the Club, to the maximum extent allowed by law.

\_\_\_\_\_  
(initial) **Assumption of Responsibility/Risk.** I FOREVER ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK, KNOWN AND UNKNOWN, OF BODILY INJURY, DEATH, OR PROPERTY AND OTHER DAMAGE to me or to the child listed below, due to the negligence of the Club or any other cause – foreseeable or unforeseeable – to the maximum extent allowed by law, while in, about or upon the premises of the Club, while using the premises or any Club facilities or Club equipment, or while participating in any program affiliated with the Club, whether or not the injury occurs on the Club's premises. I understand the risks inherent in the activities that the Club sponsors and assume all such risks, as well as all non-inherent risks, for myself and the child listed below.

\_\_\_\_\_  
(initial) **Inspection.** I agree that participation in any program affiliated with the Club is an acknowledgement that I have inspected the premises, facilities, equipment and programs and that I find them to be safe for my observation, use, and participation and that I find them to be safe for the participating child listed below. I make this acknowledgement for myself, the child listed below, my personal representatives, heirs, assigns, and next of kin.

\_\_\_\_\_  
(initial) **Definitions.** I understand that the phrases "participation in any program affiliated with the club" and "participate in any program affiliated with the club" as used in this Waiver include entry onto Club premises for any purpose (whether or not for the purpose of participating in an event affiliated with the Club), observation of any event affiliated with the Club, participation in any activity affiliated with the Club whether at the Club or at another location, the use of any transportation provided by the Club, and the use of any Club facilities or equipment.

\_\_\_\_\_  
(initial) **Regardless of Location.** I understand that the Club often takes participants off-site and that this Waiver applies to all fieldtrips, excursions, and any and all other off-site activities, regardless of where the Club's programs or activities take place and the location of the child.

\_\_\_\_\_  
(initial) **Representation Re Legal Guardian.** I am the legal custodian and have guardianship rights with respect to the child on whose behalf this waiver is executed. I sign for said child under express authority.

\_\_\_\_\_  
(initial) **Medical Consent.** If I or the child listed below should suffer injury or illness, I grant permission for the Club to use its discretion to have me or the child listed below transported to a medical facility for medical care and treatment, and I take full responsibility for this action. Further, I agree to be fully responsible for the cost of any such medical treatment.

\_\_\_\_\_  
(initial) **Photos, Videos/Recordings.** I acknowledge that from time to time photos, recordings, or videos may be taken of Club members engaged in Club-related activities and used in Club promotional materials (such as Club newsletters and Club web pages) and educational materials or submitted to local newspapers, publications, and TV stations to promote the Club, recognize member achievement, and raise money. By signing below, I consent to the use of images or recordings of the participating child listed below to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the Club's website, fund raising, or any other purpose by the Club. I release the Club, their officers, directors, and employees, and each and all persons involved, from any liability in connection with the taking, recording, or publication of photographs, slides, computer images, videotapes, or sound recordings of the child listed below. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by the Club, or the person or entity designated by it. Note: If you wish to rescind or amend this consent at any time, please contact the Club.

I intend that this Waiver be as broad and inclusive as permitted by law and that, if any portion of this Waiver should be deemed to be invalid, the remainder will continue in full legal force and effect. I also intend that this Waiver will remain in full legal force and effect forever, regardless of whether or not my, or the participating child's, membership has expired.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER and have initialed the paragraphs above to indicate my understanding and acceptance. I further agree that no oral representations, statements or inducements apart from the foregoing Waiver have been made.

NOTE: BY SIGNING BELOW, I HAVE AGREED TO ALL OF THE WAIVER'S TERMS, INCLUDING THOSE TERMS CALLING FOR A SEPARATE INITIAL, REGARDLESS OF WHETHER I HAVE INITIALED WHERE INDICATED ABOVE.

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Child in Program      Date of Birth

\_\_\_\_\_  
Relationship to Participating Child