

GREAT FUTURES START HERE.



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: \_\_\_\_\_  
Background: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
First Last Middle Initial

Address: \_\_\_\_\_  
Street City/State Zip

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

Driver's License #: \_\_\_\_\_ Social Security: \_\_\_\_\_

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. Answering this question is completely voluntary. It will in no way be used to determine your qualifications for volunteering at the Boys & Girls Clubs of Santa Monica.

Highest level of education: \_\_\_\_\_ Area of Study: \_\_\_\_\_

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

Have you ever been convicted of a felony? \_\_\_\_\_ Would you consent to a background check of your records? \_\_\_\_\_

**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 the Boys & Girls Club? \_\_\_\_\_

What do you feel you can offer the Club and the children/teens? \_\_\_\_\_

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**            **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 days     One Week     A few weeks     One Month     A few Months     One year     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 the 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 (please print)

\_\_\_\_\_  
Date

**BOYS & GIRLS CLUBS OF SANTA MONICA**  
**INVESTIGATIVE CONSUMER REPORT – DISCLOSURE AND CONSENT**

I, \_\_\_\_\_, hereby authorize *Boys & Girls Clubs of Santa Monica* to obtain an investigative consumer report containing information related to my character, general reputation, personal characteristics, mode of living, past employment, education, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or service with Boys & Girls Clubs of Santa Monica. The report will be obtained from:

Verified Person  
22 N. Front Street Suite 800  
Memphis, TN 38103  
888-616-0626  
www.verifiedperson.com

***I understand that, pursuant to Section 1786.16 of the California Civil Code, I have the right to receive a copy of my consumer report by checking the box below.***

***[ ] I would like to receive a copy of my investigative consumer report.***

Furthermore, I understand that, pursuant to Section 1786.22 of the California Civil Code, I have the right to contact Verified Person during normal business hours to obtain my file for review and that I may obtain my file as follows:

1. In person at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and you should inform such person that they will also have to present reasonable identification. If you want Verified Person to disclose to or discuss your information with this third party, you may be required to provide a written statement granting Verified Person permission to do so.
2. By certified mail if you make a written request (and provide proper identification) to have your file sent to a specified address.
3. By telephone, if you have previously made a written request and provided proper identification.

I release *Boys & Girls Clubs of Santa Monica* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

Full Name: \_\_\_\_\_  
(Please print)                      First                      Middle                      Last

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

In consideration of being permitted to enter the Boys & Girls Clubs of Santa Monica (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 members are free to come and go as they choose. 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 anyone who claims by and through my 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 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 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 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.

\_\_\_\_\_  
*(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. I make this acknowledgement for myself, my personal, representatives, heirs, assigns, and next of kin.

\_\_\_\_\_ **Definitions.** I understand that the phrases “participation in any program affiliated with the Club” and  
(initial) “participate in any program affiliated with the Club” as used in the Waiver include entry onto the 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.

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

\_\_\_\_\_ **Medical Consent.** If I should suffer injury or illness, I grant permission for the Club to use its discretion  
(initial) to have me transplanted 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.

\_\_\_\_\_ **Photos, Videos/Recordings.** I acknowledge that from time to time photos, recordings or videos may be  
(initial) taken of Club members and volunteers 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 and/or volunteer achievement, and raise money. By signing below, I consent to the use of images or recordings of myself to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the Club’s website, fundraising, or any other purpose by the Club. I release the Club, their offers, 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 recording of myself. 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 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: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature