



# ADULT VOLUNTEER APPLICATION

(Please Print)

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone (Work): \_\_\_\_\_  
 City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**At which location would you like to volunteer?**

- Maxwell Clubhouse (Elementary)     Maxwell Clubhouse (Teens )     Flowery Unit  
 Sassarini Unit     Dunbar Unit     Altimira Unit

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

If yes, what area(s) of programming interest you most?

- Education/Tutoring     Games Room/Play Field     Career Development  
 Fine Arts/Crafts     Technology/Computers     Music/Performing Arts  
 Sports/Fitness     Teen Programs     Admin/Development

**Please fill in the days and times that you are available to volunteer.\***

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

*\*Limited volunteer opportunities exist after 6:00 pm. Clubs are 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.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**What is your occupation?** \_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Are you a College/University student?**  Yes  No

Name & location of school: \_\_\_\_\_  
\_\_\_\_\_

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**Are you volunteering as part of a Service-Learning course or program?**  Yes  No

If yes, please provide the following: Course title: \_\_\_\_\_  
Instructor's name: \_\_\_\_\_  
Instructor's phone # or email address: \_\_\_\_\_

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**Please provide two personal references.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**How did you learn of Boys & Girls Clubs of Sonoma Valley?**

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

If yes, what was the name and location of the club?

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**Are you volunteering as part of a corporate/community program or organization?**  Yes  No

If yes, what is the name of the program/organization?

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**What size t-shirt do you wear?**  Small  Medium  Large  XL  2XL

*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 judgments regarding a prospective volunteer.*

**Gender:**  Female  Male

**Race/Ethnicity:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asian/Pacific Islander       | <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Native American/Native Alaskan |
| <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"/> White, non-Hispanic | <input type="checkbox"/> Other _____                    |

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**BY SIGNING THIS DOCUMENT I AM AWARE THAT BOYS & GIRLS CLUBS OF SONOMA VALLEY MAY CONTACT THE ABOVE LISTED REFERENCES. I ALSO AGREE TO SUBMIT MY FINGERPRINTS, IF REQUIRED, FOR THE PURPOSE OF A BACKGROUND CHECK AND WILL NOT ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.**

Applicant Signature:

Date:

**PLEASE RETURN COMPLETED APPLICATIONS TO:**

BOYS AND GIRLS CLUBS OF SONOMA VALLEY  
100 W. VERANO AVENUE  
SONOMA, CA 95476  
FAX: (707) 938-8544