



**BOYS & GIRLS CLUB  
OF THE GRAND STRAND**

1404 Carver Street, Myrtle Beach, SC 29577  
843-445-9964 Voice 843-445-6345 Fax  
[www.bgclubgs.org](http://www.bgclubgs.org) Website

## Volunteer Application

*Please fill out the following application fully and legibly. A photocopy of your Drivers License (or state issued ID card) and Social Security Card must be attached to this application in order for it to be processed. We also require that all volunteers pay a \$10 fee to the club at the time their application to cover the cost of the required background check performed on all volunteers who work with youth members on a recurring basis.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Other: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate the best way to contact you? Home \_\_\_ Cell \_\_\_ Other \_\_\_ Email \_\_\_

Area in which you are interested in volunteering: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

How did you hear about the Boys & Girls Club of the Grand Strand and our volunteer opportunities? \_\_\_\_\_

Have you been convicted of a felony within the past seven years? YES \_\_\_ NO \_\_\_  
If yes, please explain: \_\_\_\_\_

If you have a disability, what accommodations would you need to do this volunteer position? \_\_\_\_\_

How many hours do you plan on volunteering? \_\_\_\_\_

*What days and times are you available to volunteer?*

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

*Purpose for Volunteering?* \_\_\_\_\_

***Please answer the following questions:***

*1. What attracted you to the Boys & Girls Club of the Grand Strand in particular?*

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

*2. What skills, training or knowledge do you wish to utilize at our facility?*

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

*3. Describe a personal or work situation when you felt (or would feel) successful?*

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

*4. What training, resources or support do you anticipate needing to do this volunteer work?*

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

***Please provide three personal or professional references:***

	<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
<i>1.)</i>	_____	_____	_____
<i>2.)</i>	_____	_____	_____
<i>3.)</i>	_____	_____	_____

### **Work Experience (Past 5 Years)**

Show present or last employer first and work back. Do not detail duties and responsibilities if described in an attached resume. List all employers for this period. Use additional pages if needed.

Company Name \_\_\_\_\_ Your Title \_\_\_\_\_

Company Address \_\_\_\_\_

*Number & Street*

*City*

*State*

*Zip*

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Description of Duties and responsibilities \_\_\_\_\_

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Reason for Leaving? \_\_\_\_\_

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Company Name \_\_\_\_\_ Your Title \_\_\_\_\_

Company Address \_\_\_\_\_

*Number & Street*

*City*

*State*

*Zip*

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Description of Duties and responsibilities \_\_\_\_\_

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Reason for Leaving? \_\_\_\_\_

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**Volunteer Experience**

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Agency Address \_\_\_\_\_

Number & Street City State Zip

Supervisor's Name & Title \_\_\_\_\_ Telephone \_\_\_\_\_

Description of Duties & responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Agency Address \_\_\_\_\_

Number & Street City State Zip

Supervisor's Name & Title \_\_\_\_\_ Telephone \_\_\_\_\_

Description of Duties & responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby attest that the above information is true and complete to the best of my knowledge. Please find attached to this application a photocopy of my drivers license (or state issued ID card) and my social security card (for background check purposes).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print Volunteer Name)



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## **Background Check**

*The Boys & Girls Club of the Grand Strand is part of a nationwide and local effort to assure the protection of children from abuse and exploitation. Therefore, in order to safeguard the wellbeing of the youth we serve, the Boys & Girls of the Grand Strand will investigate the background of all staff and volunteers who have recurring exposure to club members. This investigation may include, but is not limited to; criminal history, child abuse history and driving record.*

*I authorize the Boys & Girls Club of the Grand Strand to conduct a criminal, child abuse and Department of Motor Vehicle check.*

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female \_\_\_\_ Male \_\_\_\_

Ethnicity: \_\_\_\_ African American \_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ Other - \_\_\_\_\_

*(Please attach a photocopy of the following documents)*

Social Security Card #: \_\_\_\_\_

Drivers License or ID #: \_\_\_\_\_ State: \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

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