

# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS  
OF MAURY COUNTY**

## Volunteer Application

Volunteers are an extremely important part of Boys & Girls Clubs of Maury County's daily operation. Mentoring a child can be a very rewarding experience; you can save a child's life by being there for them. For these and many more reasons, Boys & Girls Clubs of Maury County has adopted a screening process for our volunteers as well as employees. Your cooperation with these policies is greatly appreciated.

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

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

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

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ DL# \_\_\_\_\_

Have you ever been affiliated with another Boys & Girls Club? \_\_\_\_\_  
If yes, where and when: \_\_\_\_\_ Positions held \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Please explain \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Please explain \_\_\_\_\_

All staff and volunteers are subject to an electronic background check, including motor vehicle reports, finger printing, criminal background investigation, and requesting a drug test.

**I, \_\_\_\_\_ give Boys & Girls Clubs of Maury County permission to complete a background investigation on myself for the sole purpose of volunteering at "The Club" working with the members. I agree to and understand that Boys & Girls Clubs of Maury County is not and cannot be held liable in the event of accident or injury to myself.**

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**date**

|   |                  |             |  |
|---|------------------|-------------|--|
| In case of emergency please notify: _____ |                  |             |  |
| Names _____                               |                  | _____       |  |
| Address _____                             | City _____       | State _____ |  |
| Relationship _____                        | Phone # _____    |             |  |
| Business Phone _____                      | Cell Phone _____ |             |  |

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Email address \_\_\_\_\_

Single  Married  Divorced # of Children \_\_\_\_\_

High School \_\_\_\_\_ Last Year \_\_\_\_\_

College \_\_\_\_\_ Last Year \_\_\_\_\_

Degree \_\_\_\_\_ Currently in School?  Yes  No

List volunteer positions held over last five years \_\_\_\_\_

I prefer to work with: Grades K-5 \_\_\_\_\_ Grades 6-12 \_\_\_\_\_

Programs/activities you are interested in? \_\_\_\_\_

Hours per week you are available to volunteer? \_\_\_\_\_

Days of week most convenient for you? \_\_\_\_\_

Date available to begin? \_\_\_\_\_

Total hours you wish to volunteer? \_\_\_\_\_

Will your volunteer time fulfill school, community service, personal,  
or organization required time? \_\_\_\_\_

## Character References

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

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

## Attention Volunteer

We've been informed by our insurance company that, because you are not an employee, workmen's compensation is not provided for you by our organization. Please see our Executive Director if you have questions.

Also, be advised that a background check is run on any volunteer who works with Club kids.

Signature

\_\_\_\_\_

# VOLUNTEER BACKGROUND CHECK

## DISCLOSURE AND AUTHORIZATION [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As part of the ~~employment~~ <sup>volunteer</sup> process, Boys + Girls Clubs of Maury County (the Company) who is a vendor or service provider and its client (the "Sponsor") may obtain information about you for ~~employment~~ <sup>background check</sup> purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, [www.fadv.com/risk/solutions](http://www.fadv.com/risk/solutions). The scope of this notice and authorization is all-encompassing, however, allowing the Company and Sponsor to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company and Sponsor at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, [www.fadv.com/risk/solutions](http://www.fadv.com/risk/solutions), another outside organization acting on behalf of the Company, and/or the Company itself. First Advantage Privacy Policy: <http://www.fadv.com/privacy-policy/screen.html>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**Washington State applicants or employees only:**

You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

\*\* If you will be requesting driving records, we recommend that you have this form notarized.

Employer please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your First Advantage service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for First Advantage to do so on your behalf. Account Number: \_\_\_\_\_

**Consumer Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License\* \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

~~Former Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_~~

\*This information will be used for background screening purposes only and will not be used as hiring criteria