



## **Minor Volunteer Application**

Thank you for applying & helping to carry out the mission of the Boys & Girls Clubs of Snohomish County. If you are under the age of 18, your parent/legal guardian **must** also sign this form. All information is required and must be legible to be accepted. **Photo ID is required.** 

## Position (check one):

□ Volunteer □ Coach

□ Community Service (court) □ Community Service (school)

□ Referee

□ Employee

APPLICANT INFORMATION						
Name: (First)	irst) (Middle) (Last)		ast)			
Date of Birth (mm/dd/yyyy):				Phone:		
Current address:						
City:		Zip Code:		Email:		
Emergency Contact						
Name:	Relationship:		Phone:			
Do you have any physical restrictions that	would keep you fro	om performing requ	uired ac	tivities? If so, please describe:		
If employed, can you submit verification of your legal right to work in the United States? 🗆 Yes 🛛 🗅 No						
MINOR BACKGROUND STATEMENT & AUTHORIZATION						
Have you ever been convicted of or have If yes, please explain:	pending any misde	meanor or felony c	charge?	🗆 Yes 🗆 No		
If applying to serve community service, is	it court ordered? $\Box$	Yes □ No If yes,	please	list charge and court:		
School currently attending (if applicable):						
By my signature below, I acknowledge tha sponsors, supporters and officials from res provided is true and correct and authorize position by BGCSC and agree to BGCSC c	ponsibility for any ir BGCSC to conduct	ijury or damages l a background inve	may suf stigatio	fer. I certify that all the information I n report prior to my being offered a		
Parent/guardian signature (for students un	der 18):			Date:		
Applicant signature:				Date:		

## FOR OFFICE USE ONLY

Executive Director	Human Res	Human Resources		Finance Director
Background Check/Database	Drug Screen	Club Initials	Payroll	New Employee Orientation

## **Boys & Girls Clubs of Snohomish County**