

| Name:                              |                              | S                  | ocial Security Number:     |                          |
|------------------------------------|------------------------------|--------------------|----------------------------|--------------------------|
| Last                               | First                        | M.I.               |                            |                          |
| Address:                           |                              |                    |                            | 7. 0. 1.                 |
| Street/H                           | P.O. Box                     | City               | State                      | Zip Code                 |
| Phone: Home: ()                    | Other:()                     |                    | Date of Birth:             |                          |
| Driver License No                  | State issued                 | : E                | xpiration Date:            | Class:                   |
| Emergency Contact Person:          |                              | T                  | elephone Number :(         | )                        |
| Educational Information            | □ High School Graduate       | □ College          | Degree:                    |                          |
| List your education and/or work    | experiences that would bene  | efit the voluntee  | er position(s) for which y | ou are applying:         |
|                                    |                              |                    |                            |                          |
|                                    |                              |                    |                            |                          |
| Volunteer Experience               |                              |                    |                            |                          |
| Have you ever volunteered before   | re? □Yes □I                  | No                 |                            |                          |
| If yes please fill in below: Organ | ization:                     |                    |                            |                          |
| What type of volunteering did yo   | ou do?                       |                    |                            |                          |
| Reason for volunteering:           |                              |                    |                            |                          |
|                                    |                              |                    |                            |                          |
| Have you ever worked at a Boys     | s & Girls Clubs before?      | □ Yes              | □ No                       |                          |
| If yes please fill in: Club Name:  |                              |                    | Phone #                    | ()                       |
| When were you employed by Bo       |                              |                    | Supervisor Name            |                          |
| References                         |                              |                    |                            |                          |
| List three references other than I | elatives that have knowledge | e of your qualific | cations, morals and/or cl  | naracter. Please include |
| full name, address and phone       | •                            |                    |                            |                          |
| 1)                                 |                              |                    | ( )                        |                          |
| 2)                                 |                              |                    |                            |                          |
| 3)                                 |                              |                    |                            |                          |
|                                    |                              |                    | \/_                        |                          |

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## Availability

| Vhat age(s) youth would you like to volunteer with? Check all that apply. |                   |            |           |                               |       |         |   |            |              |
|---|-------------------|------------|-----------|-------------------------------|-------|---------|---|------------|--------------|
| □(5-6)  | □(7-9)            | □(10-12    | 2)        | □(13-15                       | )     | □(16-18 | )   |            |              |
| Club you would like to v  | volunteer with:   |            | st Heigh  | nit<br>ts Center<br>inty Unit |       | I       | □ IP Center at<br>□ Qatar Cente<br>□ Program Se | er at Pass | Christian    |
| Would you be intereste  | d in volunteering | at specia  | al events | s?                            | □ Yes | l       | 🗆 No  |            |              |
| Please check the activit  | ties you would be | e interest | ed in vo  | lunteering                    | g.    |         |   |            |              |
| □Small Group Work   | □Mentoring        |            | □Tutori   | ng                            |       | □Perfor | ming Arts                                       |            | □Reading     |
| □Large Group Work   | □Leadership D     | ev.        | □Comp     | outers                        |       | □Fine A | rts   |            | □Photography |
| □Sports   | □Teen Room        |            | □Game     | Room                          |       | □Comm   | unity Service                                   |            |              |
| □Alcohol/Tobacco/Drug Prevention Program                                  |                   | gram       | □Other    |                               |       |         |   |            |              |
| What days would you li  | ke to volunteer?  | □Mond      | lay ⊡1    | Tuesday                       | □We   | dnesday | □Thursday                                       | □Friday    | □Saturday    |
| Hours:  |                   |            |           |                               |       |         |   |            |              |

We appreciate your volunteer efforts in assisting BGCGC. To ensure your understanding of our volunteer expectations, please read the following agreement. If you have any questions, please ask. After reading, please sign and return to the Unit Director.

As a volunteer, I will:

- 1. Become familiar with and adhere to the policies and procedures of the organizations.
- 2. Comply with BGCGC's policy on a drug-free workplace.
- 3. Facilitate record keeping by signing in and out when working and wearing identification while in the Clubs.
- 4. Provide at least 24 hours' notice to the organization if I am unable to work.

Gulfport, MS 39505

- 5. Give prior notice if volunteer work is to be terminated or interrupted for an extended period of time.
- 6. Protect confidential information and exercise good judgment when acting on the organization's behalf.
- 7. Accept supervision with a willingness to learn and a willingness to ask about things I don't understand.
- 8. Work under the supervision of a staff person at all times and never be alone with BGCGC members.
- 9. Limit bodily contact with BGCGC members. Never let BGCGC members sit in my lap or pick them up.
- 10. Seek staff assistance in enforcing BGCGC rules.

I understand that because I am not an employee of Boys & Girls Clubs of the Gulf Coast, workman's compensation is not provided for me. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause to not be selected to volunteer. I agree to perform my duties according to the policies of the Boys & Girls Clubs of the Gulf Coast. I grant BGCGC permission to photograph/video volunteer activities and to use such, without limitation, for the purpose of reporting or promotion of the Clubs.

| Volunteer Signature:           |                                      | Date: |  |
|--------------------------------|--------------------------------------|-------|--|
| Mail completed application to: | Boys & Girls Clubs of the Gulf Coast |       |  |
|                                | PO Box 2804                          |       |  |

# Voluntary Self-Identification Affirmative Action Information

This form will be detached from the volunteer application. It is not part of the volunteer process.

### An Equal Opportunity Employer

The Boys & Girls Clubs of the Gulf Coast (BGCGC) provides equal opportunity for all qualified applicants and employees, without regard to race, color, religion, sex, national origin, age, disability, veteran status, gender identity, political preference, sexual orientation, marital status, citizenship, or other status protected by law or regulation. The BGCGC prohibits discrimination in any aspect of employment, including hiring, promotion, demotion, transfer, layoff or termination, rates of pay, or selection for training. The BGCGC also undertakes affirmative action programs to facilitate full and equal participation of all employees in the opportunities available within BGCGC.

| Position: |            |      |           | Date:                   |
|-----------|------------|------|-----------|-------------------------|
| Name:     |            |      |           | Social Security Number: |
|           | First Name | M.I. | Last Name |                         |

The BGCGC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the BGCGC invites employees to voluntarily self-identify their race/ethnicity and gender. Your response will facilitate the BGCGC's equal employment opportunity efforts and assure that BGCGC records reflect accurate information. Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment.

Employment decisions will not be based on whether or not you provide the information, and this information will not become part of your applicant file. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. Where reported, data will not identify any specific individual. Please check one box in response to each section (1 & 2). (See definitions below for assistance.)

| American, or other Spanish culture or<br>e original peoples of Europe, the Middle<br>e black racial groups of Africa. |
|---|
| e original peoples of Europe, the Middle  |
| <u> </u>  |
| e black racial groups of Africa.  |
|   |
| e peoples of Hawaii, Guam, Samoa, or other  |
| e original peoples of the Far East, Southeast<br>nbodia, China, India, Japan, Korea,<br>etnam.                        |
| e original peoples of North and South<br>al affiliation or community attachment.                                      |
| han one of the above five races.  |
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Jackson 2137367v.1



#### DISCLOSURE TO BOARD MEMBER/VOLUNTEER AND CONSENT TO CONSUMER BACKGROUND INVESTIGATION

In connection with your Application for Board Member/Volunteer, we may conduct an investigation into your consumer credit history, character, general reputation, personal characteristics and/or mode of living, including criminal records, by obtaining a consumer report from one or more consumer reporting agencies, including credit reporting agencies. This investigation may require that you provide your fingerprints and that your consent to the investigation includes your agreement to provide your fingerprints if requested and to have them used to obtain information as part of the investigation. The purpose of this notice is to make you aware of this investigation and to explain your rights regarding this investigation, in accordance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, 15 U.S.C. § 1681-1681u (the "Act").

- 1. The consumer information obtained will be used only for the permissible purpose of verifying your suitability to become a Board Member/Volunteer for Boys & Girls Clubs of the Gulf Coast (BGCGC), and not for any other purpose. It will not be used in violation of any federal, state or local equal employment opportunity law or regulation.
- 2. You are entitled to learn the nature and substance of the information in your consumer report which BGCGC receives, by sending a written request to The Director of Finance/Human Resources. The information will be provided within 5 business days of receipt of your request.
- 3. If you are denied the ability to become a Board Member/Volunteer because of your consumer report, BGCGC will provide to you: (a) a copy of your report, and (b) a written description of your rights under the Act, including your right, within 60 days of BGCGC's decision, to obtain a free copy of your consumer report from the consumer reporting agency.
- 4. Please read the following Consent form carefully. If you consent to this investigation, sign where indicated. You will be given a copy of this Consent for your records.

#### CONSENT TO CONSUMER BACKGROUND INVESTIGATION

I consent to an investigation by and authorize the Boys & Girls Clubs of the Gulf Coast (BGCGC) or any person or consumer reporting agency it may employ for this purpose, to obtain my consumer report, including my credit history, character, general reputation, personal characteristics and/or mode of living, including any criminal records. I understand that this investigation may require that I provide my fingerprints and that my consent to the investigation includes my agreement to provide my fingerprints if requested and to have them used to obtain information as part of the investigation. I release BGCGC, its employees, and any and all such persons and consumer reporting agencies contacted from any and all liability for any damage flowing from the disclosure of this information and BGCGC's actions taken thereon.

|      | FULL NAME (Please Print ar | SSN                   |                    |                   |           |
|------|----------------------------|-----------------------|--------------------|-------------------|-----------|
|      | NUMBER & STREET            |                       | CITY               | ST                | ZIP       |
| AREA | PHONE 1                    | DRIVERS LICENS        | SE STATE<br>Email: | DRIVERS LICENSE N | IUMBER    |
| DATE | OF BIRTH                   |                       |                    |                   |           |
| Date |                            | Applicant Signatu     | re                 | -                 |           |
|      |                            | Date Report Requested | By                 | Date Results Red  | ceived By |