**Youth and Teen Programs**

**VOLUNTEER APPLICATION AND AGREEMENT**

**A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION**

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|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Birthdate |  |
| Address |  |
| City |  | State |  | Zip Code |  |
| Phone Number(s) | ( ) |  | ( ) |
| E-Mail Address |  |
|  |
| Special professional training, skills, hobbies: |  |
|  |  |
| Community affiliations (Clubs, Service Organizations, etc.): |  |
|  |  |
| Previous volunteer experiences including year(s): |  |
|  |  |
| Special Certifications (CPR, Medical, etc.): |  |
|  |  |
| Do you have a valid Driver’s License?  | Yes 🗆 No 🗆 |  |
| Driver’s License # |  | State |  | Expiration Date |  |
|  |
| Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?  |
| Yes 🗆 No 🗆 | If yes, describe each in full: |  |
|  |  |
|  |
| Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes 🗆 No 🗆 |
| If yes, describe each in full (Answering yes does not automatically disqualify you as a volunteer): |
|  |
|  |
| Do you have any criminal charges pending against you regarding any crime(s)? Yes 🗆 No 🗆 |
| If yes, describe each in full (Answering yes does not automatically disqualify you as a volunteer): |
|  |
|  |
| Have you ever been refused participation in any other youth programs? Yes 🗆 No 🗆 |
| If yes, please explain: |  |
|  |
|  |
|  |
|  |
| In which of the following would you like to participate? (Check one or more) |
| Basketball🗆 Football 🗆 Wrestling 🗆 Baseball 🗆 Tutoring 🗆 Mentoring 🗆 Man Up Program 🗆 Other 🗆\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Please indicate your availability:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | From |  | To |  |  |
| Tuesday | From |  | To |  |  |
| Wednesday | From |  | To |  |  |
| Thursday | From |  | To |  |  |
| Friday | From |  | To |  |  |

 |
|  |
| Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program: |
| Name | Phone Number |
|  |  |
|  |  |
|  |  |
| **EMERGENCY CONTACT INFORMATION** |
| Name |  | Relationship |  |
| Phone Number(s) | ( ) |  | ( ) |
| E-Mail Address |  |
| **MEDICAL INFORMATION**Any medical information that may be helpful in the event of an emergency: (i.e. medications, heart problem, diabetes, allergies, food sensitivities): |
|  |
|  |
|  |
| **RELEASE:** As a volunteer, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume any and all such risks, as well as the responsibility to be fully aware of the inherent possible. BLEC and its employees and volunteers will not be liable for injury or damage that occurs as a result of such risks and I waive and release the BLEC and its employees and volunteers from any such liability. I also grant full permission to the BLEC to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability. |
| Signature |  | Date |  |