



**BOYS & GIRLS CLUBS
OF MUNCIE**

• 1710 S. Madison Street; PO Box 820 • Muncie, IN 47308 • www.bgcmuncie.com • 765-282-4461 •

ADULT VOLUNTEER APPLICATION

(Please Print)

Name: _____ Phone (Home): _____
 Address: _____ Phone (Work): _____
 City: _____ E-mail: _____
 State: _____ Zip: _____ Current Age: _____ Date of Birth: _____
 Social Security Number: _____

Are you interested in participating as a long- or limited-term weekly volunteer? Yes No

If yes, what area(s) of programming interest you most?

- | | | |
|---|--|---|
| <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Games Room/Play Field | <input type="checkbox"/> Career Development |
| <input type="checkbox"/> Fine Arts/Crafts | <input type="checkbox"/> Technology/Computers | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Sports/Fitness | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Admin/Development |
| <input type="checkbox"/> Health Services | | |

Please fill in the days and times that you are available to volunteer.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

**Limited volunteer opportunities exist after 6:00 pm. Clubs are closed on weekends.*

Total number of hours each week you are available to volunteer: _____

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): _____

List any special skills, areas of knowledge and/or experience (including non-English languages):

List any previous volunteer experiences (include name of organization) or experience working with youth.

What is your occupation? _____

Name and address of employer: _____
