



### Volunteer Application

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Gender:**  Male  Female  
**Race:**  African American/Black  Latino/a  
 Caucasian/White  Other \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer/School:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_ **T-Shirt Size:**  S  M  L  XL  2XL

**Is your volunteer service court-ordered?**  Yes  No **If so, how many hours?** \_\_\_\_\_

**Is your volunteer service required for a class/project?**  Yes  No **If so, how many hours?** \_\_\_\_\_

**What date would you like to begin your volunteer service?** \_\_\_\_\_

**What days and times are you available?** \_\_\_\_\_

**Will your service be short term (1-3 months) or on-going (3+ months)?** \_\_\_\_\_

**Do you have previous volunteer experience? If so, please list the organization and your volunteer responsibilities.**

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**Why do you want to volunteer at the Boys & Girls Clubs of York County?** \_\_\_\_\_

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**Club Preference:**  Fort Mill  Northside  Rock Hill Teen Center  Catawba Teen Center  
 Cotton Belt  Harold C. Johnson  Jefferson  Clover Teen Outreach

**Group Preference:** **Age**  Elementary School (K-5)  Middle School (6-8)  High School (9-12)  
**Gender**  Female  Male  Both

*All volunteers must submit this application, a background check consent form, and attend orientation prior to being assigned to a Club. If you have any questions, please contact Caitlin Croft at 803.324.7920 or ccroft@bgcyc.org.*

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

# Boys & Girls Clubs of York County Criminal Record & Background Investigation Authorization



Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

State of CURRENT Residence:     South Carolina                       Other (print) \_\_\_\_\_

As part of registration as a volunteer or applying for employment with Boys & Girls Clubs of York County, all candidates must complete an FBI Criminal Background Check. The purpose of the criminal background check is to investigate a candidate's past for sexual offenses, violent crimes, or crimes that would have a direct bearing on the candidate's service with our Clubs. Criminal background checks include an FBI Background Check as well as a search of the National Sex Offender Registry and a State Criminal History Check. Existence of a criminal conviction may or may not, depending on the circumstances, disqualify a candidate from consideration. All prior convictions will be reviewed on a case-by-case basis, with the following being cause for immediate disqualification for service with Boys & Girls Clubs of York County: a murder conviction, or identification on the National Criminal Research database as a sex offender.

### Prior Convictions:

1. Have you ever been convicted as an adult, or adjudicated as a juvenile offender of any criminal offense by either a civilian or military court, other than minor traffic violations?                       Yes                       No

### Current Status:

2. Are you currently facing charges for any offense or on probation or parole?                       Yes                       No

Please provide details if you answered Question 2 with 'YES.'

Date (Month/Day/Year): \_\_\_\_\_

Place (City/State): \_\_\_\_\_

Charge: \_\_\_\_\_

Action Taken: \_\_\_\_\_

In connection with my volunteer service or employment with Boys & Girls Clubs of York County, and participating in BGCYC programs, I hereby give Boys & Girls Clubs of York County and/or its agents authorization to conduct an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteer service now and, if applicable, during the tenure of my employment or volunteer service with Boys & Girls Clubs of York County. I understand that any alerts on my record will be shared with BGCYC staff and the executive committee of the Board of Directors. I also understand that my ability to serve as a BGCYC volunteer or employee is contingent upon the results of the criminal records and background check. I understand that failure on my part to consent to the review will result in cancellation of consideration for any volunteer or employee position with BGCYC. I understand that my personal information will not be shared or communicated for any purpose other than this background check.

I release Boys & Girls Clubs of York County, Inc., and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above references sources used.

**I understand that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in my removal from Boys & Girls Clubs of York County as a volunteer or employee.**

Applicant Signature: \_\_\_\_\_

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

Accepted for Review: \_\_\_\_\_

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

# Boys & Girls Clubs of York County Criminal Record & Background Check Authorization



Please complete the following information to be considered for a volunteer or employee position with Boys & Girls Clubs of York County. (print)

Full Name: \_\_\_\_\_

Maiden Name and/or Other Names Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

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## National Sex Offender Public Website Search (to be completed by BGCYC staff, board member or agent)

Date completed: \_\_\_\_\_ Name searched: \_\_\_\_\_

Please indicate your results below:

- No match for this name found in NSOPW search. Copy of results is attached to this sheet.
- OR
- Possible match for this name found in NSOPW search. Copy of results is attached to this sheet.

### Attest below for possible match:

I, \_\_\_\_\_ (name of reviewer),  
used \_\_\_\_\_ (proof/verification of identity)  
for the above named BGCYC candidate/applicant to determine that the candidate/applicant **is not a person indicated** in the results from the National Sex Offender Registry Public Website.

\_\_\_\_\_  
 Executive Director/Program Manager |  Board Member or Agent

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