



VOLUNTEER GROUP APPLICATION

812.332.5311 www.bgcbloomington.org

ORGANIZATION/ GROUP NAME: _____

Primary Contact Name :	Date of request:
Address:	P.O. Box
City/State/Zip:	Cell Phone:
Main Phone:	E-mail:

Location Requested:

- ANY Boys & Girls Club location! Lincoln Street Unit
 Camp Rock (seasonal) Crestmont Unit Ellettsville Unit
 -Transportation may be provided if scheduled

Type of Opportunity Requested

- Single, one-time event** Date/s: _____
 Time: Start _____ Finish _____
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Additional information: _____

- Multi-visit, ongoing partnership** Start date: _____ End date: _____
 Time: Start _____ Finish _____
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Additional information: _____

TYPE OF SERVICE REQUESTED: _____

OR Select any below

- We would like to help however you need us to help!
 Working with youth
 o _____ My group will provide the programming:
 Our program ideas are: _____
 Facility Assistance

Anticipated Number of Volunteers to Attend: _____

To the fullest extent permitted by law, I hereby indemnify and hold harmless the Boys & Girls Clubs of Bloomington, their Board of Directors, agents, employees, volunteers, and insurers from any present or future damages, losses and expenses, including but not limited to attorney's fees arising out of or resulting from participation in this activity. I understand that this release binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for me as named above.

Signature

Printed Name

Date

For Office Use Only:

Volunteer Group Approved: YES _____ NO _____ Unit: LS _____ EV _____ CR _____ CTMT _____
 Confirmed by: _____ Date: _____
 NOTES:



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Volunteer Group Acknowledgements & Agreements

Please **INITIAL** by each item, stating that you have read, understood, and agree to each statement. In order to ensure that both your group and the Boys & Girls Club have a positive and beneficial experience, we ask that you read and acknowledge all items listed below. Thank you for wanting to make a difference in our community!

AS REPRESENTATIVE OF MY ORGANIZATION/GROUP I AGREE THAT MYSELF AND THOSE I REPRESENT WILL BE FULLY AWARE AND ADHERE TO THE BELOW:

_____ I/we understand that I/we must be here for the time at which I/we have been scheduled. If, for an emergency-related reason, I/we are unable to be here at the time(s) to which are agreed, I will notify Boys & Girls Club staff as soon as possible by phone call no later than 4 hours on a week day and 12 hours if on a weekend.

_____ I/we understand that I/we will provide the number of volunteers indicated on this form and if, for an emergency-related reason, I/we are unable to provide the stated amount listed, I will notify Boys & Girls Club staff as soon as possible by phone call no later than 4 hours on a week day and 12 hours if on a weekend.

_____ I/we will not use my cell phone at the Club—especially not while kids are here, as it may distract me from my service.

_____ I/we acknowledge that I/we—not the Club—am solely responsible for personal belongings that I bring to the Club.

_____ I/we am aware of what is expected of me in my role at the Boys & Girls Club.

_____ I/we understand that if at any time my/our actions jeopardize the safety or wellbeing of any member, staff, or volunteer that my role could be immediately terminated.

_____ I/we understand that if any time we have questions, I/we will ask a Boys & Girls Club staff member immediately.

IF VOLUNTEERING WITH YOUTH:

_____ I/we will wear a nametag at all times while at the Club

_____ I/we will maintain appropriate physical boundaries with members including low physical contact (side hug, high-five) when I am at the Club and will not allow members to sit, climb, or lay on me at any time.

_____ I/we will not drive Club members home in my personal vehicle.

_____ I/we acknowledge that while at the Boys & Girls Club for the kids I/we will be interactive and engaging in our designated areas where I can assist when needed.

_____ I understand that it is my responsibility to report any signs of abuse or neglect of Club member(s) to my supervisor immediately.

_____ I/we am aware of Club rules for members and I will enforce them fairly, equally, and consistently.

_____ I/we understand that I/we should NEVER be alone with a member.

_____ I/we will keep my personal life at home so that I/we can be fully here with the kids.

_____ If I/we notice a member is alone in any area of the Club, I/we will re-direct the member to the appropriate area.

Once this application has been completed, please give to the Operations Assistant located at the Lincoln Street Boys & Girls Club (311 S. Lincoln St.) or e-mail it to volunteering@bgcbloomington.org . Applications should be received at least 2 weeks prior to the desired event date.