



**BOYS & GIRLS CLUB**  
OF VALDOSTA, INC.

215 W. North Street - Valdosta, GA 31601- 229-242-0676

<u>Date Received:</u>	
<u>Received By:</u>	
<u>Emailed On:</u>	
<u>Member ID #</u>	

**VOLUNTEER MENTOR APPLICATION**

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**REFERENCES**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Acquainted</u>
1. _____			
2. _____			
3. _____			

**Volunteer Service Requested**

- Group Club Leader  
 Library  
 Music  
 Athletics  
 Tutoring  
 Office  
 Arts and Crafts  
 Waller Unit  
 Lake Laurie  
 Reames Teen Center  
 Washington Street Teen Center/Brooks

List any specific programs interested in: \_\_\_\_\_

<b>Availability:</b>	
<b>Hours Needed:</b>	
<b>Major:</b>	

**Applicants Statement**

I certify that all of the answers given by me to all of the questions on this application and any attachment(s) are to the best of my knowledge true and that I have not withheld any pertinent information.

I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal of or summary dismissal from service.

I hereby agree that in the course of considering my application, you may make inquiry to ascertain information concerning my background and I understand that, upon written request, information as to the nature and scope of the inquiry, if one is made will be provided to me.

The prospective volunteer must be made aware of any adverse volunteer decisions made as a result of the criminal history and that the individual may contact the Valdosta Police Department should they wish to contest any part of the criminal history.

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

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*Boys and Girls Club Use Only*

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Assignment: \_\_\_\_\_ Branch \_\_\_\_\_ Orientation \_\_\_\_\_  
Background Check \_\_\_\_\_ Staff Supervisor \_\_\_\_\_