

Volunteer Coordinator:  
TaraThompson  
tthompson@BGCGC.org  
(513)421-8909 ext. 19  
600 Dalton Avenue  
Cincinnati, OH 45203  
www.bgccg.org

# Group Volunteer Application

Group Name or Organization Affiliation: \_\_\_\_\_

## Primary Contact

Name: \_\_\_\_\_  
(Last Name) (First Name) (Position Title)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_  
(Area Code) (Phone Number) (Phone Type)

E-mail: \_\_\_\_\_

SSN  Date of Birth: \_\_\_\_\_

## Secondary Contact

Name: \_\_\_\_\_  
(Last Name) (First Name) (Position Title)

Phone: \_\_\_\_\_  
(Area Code) (Phone Number) (Phone Type)

E-mail: \_\_\_\_\_

SSN  Date of Birth: \_\_\_\_\_

## Volunteer Information

Is the group interested in a short term or ongoing project?  Short Term  Ongoing

If this is short term, please list dates of availability: \_\_\_\_\_

If ongoing, please mark the days and times your group is available:

\*Note: Club hours vary on location. Volunteer Coordinator will provide this information\*

Club Location Preference: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Are all volunteers over the age of 18?  Yes  No \*Volunteers under 18 must have a signed parent consent form\*

Describe the type of opportunity your group is interested in:  
(If you have other location preferences list them here)

### VOLUNTEER RELEASE

On behalf of the group, I certify that the information on this application is correct. We promise to fulfill all commitments made to the Boys & Girls Clubs of Greater Cincinnati (BGCGC) and to abide by all policies, rules, and regulations and conduct standards.

We release BGCGC, its employees, members, and volunteers from any liability for loss or injury to the members of our group or property which may occur due to our negligence or other acts of omissions.

We understand that this is a volunteer assignment and do not expect to be compensated in any way.

BGCGC may use our likeness in any publications or other media (photos, television, etc) without prior consent or review and without compensation.

I have read and understand this policy, have communicated this information to all group members and on behalf of my group, have the authorization to sign for all parties involved.

Signature of Primary Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Secondary Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Group Volunteers - please list the names and contact information of the group members who plan to volunteer**

*\*Note: By signing, you are consenting to Page 4: Volunteer Informed Consent\**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature \_\_\_\_\_

**\* Please Copy this page as many times as necessary to list all volunteers\***

Notified: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Location: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_