



**BOYS & GIRLS CLUBS**  
SERVING CHATTOOGA, GORDON,  
MURRAY, & WHITFIELD COUNTIES

**Youth Volunteer Application**

Why do you wish to volunteer?

Please Check all that apply:  Enhance College Resume  
 High School Graduation Requirement  
 Extra Curricular School Club/Sport:  
\*\*Name of Club/Sport: \_\_\_\_\_  
 Probation/Community Service: Court Ordered

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Emergency Contact Phone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_

If Applicable:

Probation Officer's Name: \_\_\_\_\_ #: \_\_\_\_\_

Number of Hours Required: \_\_\_\_\_

## BGCGMW CONFIDENTIALITY STATEMENT

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I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except:

- 1) As mandated by law.
- 2) To prevent a clear and immediate danger to a person or persons.
- 3) Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## **WAIVER & RELEASE OF LIABILITY**

**To Be Completed By Volunteer AND Parent or Legal Guardian**

\_\_\_\_ (Check) I hereby release the BGCGMW, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the BGCGMW. I am assuming the risk for any mental or physical harm I might incur.

\_\_\_\_ (Check) I understand that it is my desire to further the work of the BGCGMW by performing services as a volunteer. I will undertake these services as a volunteer without compensation plan; I acknowledge that I am not acting as an employee of the BGCGMW. I also acknowledge that I would not be covered under the BGCGMW Worker Compensation plan.

\_\_\_\_ (Check) I agree that all personal possessions/property kept in the BGCGMW buildings, on BGCGMW property, and on any property used by the BGCGMW are my own responsibility. BGCGMW will not be held liable for any damage, loss or theft.

\_\_\_\_ (Check) I understand that BGCGMW provides charitable services to the public and does not pre- screen members.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date