



BOYS & GIRLS CLUBS
OF ANNAPOLIS & ANNE ARUNDEL COUNTY

Volunteer Information Form

Please fill out as much of this form as you can. Asterisks are placed in front of the required sections.

Date: _____

*Contact Information

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Date of Birth _____

Emergency Contact _____ Phone _____

Relationship _____

*Schedule

If you are able to work on certain days, please fill out the "Date Available" and "Times Available" sections for those days. In the "Date Available" sections please indicate when you will be available to start volunteering. If you are unable to work on certain days, leave those sections blank.

Monday Date Available _____ Times Available _____

Tuesday Date Available _____ Times Available _____

Wednesday Date Available _____ Times Available _____

Thursday Date Available _____ Times Available _____

Friday Date Available _____ Times Available _____

Saturday Date Available _____ Times Available _____

***Activities**

Please circle the activities with which you might like to be involved. There is space at the end to write in activities that are not listed below.

Tutoring	Music	Administrative Assistance
Athletics	Dance	Arts & Crafts
Computers	Teen Center	Special Events
Programs	Games Room	Other _____

Education

High School _____	Years Attended _____
Graduated	YES NO
College _____	Years Attended _____
Course of Study _____	Graduated YES NO
Graduate School _____	Years Attended _____
Course of Study _____	Graduated YES NO

***Work Experience**

Please list the places where you have volunteered, coached and taught starting with the most recent.

Place _____	How long? _____
Responsibilities _____	
Place _____	How long? _____
Responsibilities _____	
Place _____	How long? _____
Responsibilities _____	

Medical Information

Please list below any allergies or any pertinent medical information.
