



Volunteer Interest – I would like to help at:

TRADITIONAL CLUBS

- Club One, 2157 W. 19th Street, in Pilsen
- Barreto, 1214 N. Washtenaw, in Humboldt Park

SCHOOL-BASED CLUBS

- Club Two, located in Wells Community Academy, 936 N. Ashland Avenue, in West Town
- CICS Club, 2235 N. Hamilton Avenue, in Buck Town
- Clemente Club, located in Roberto Clemente Community Academy, 1147 N. Western Ave., in Humboldt Park

Thank you for your interest in helping our kids prepare for a successful future! Please allow us to stay in touch with you and understand your interests:

Full Name:

Email Address:

Preferred Mailing Address:

City, State, Zip:

Telephone:

Mobile:

Interests:

- | | | |
|--|--|---|
| <input type="checkbox"/> Homework Help | <input type="checkbox"/> Camp (Summer in Salem, WI) | <input type="checkbox"/> One-on-One Mentoring |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Art Club | <input type="checkbox"/> Culinary Arts |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Guitar, drums or other instrument _____ | |
| <input type="checkbox"/> Anime Club | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Chess Club |

Days & Hours Available:

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| from _____ | from _____ | from _____ | from _____ | from _____ |
| to _____ | to _____ | to _____ | to _____ | to _____ |

Commitment Level:

- Once a week Bi-weekly Monthly Other: _____

Referred by:





Release and Waiver of Liability

I am volunteering to work with the Union League Boys & Girls Clubs (hereafter ULBGC) and I am signing this release freely and without duress.

1. I accept the responsibility to serve in support of the organization and work with the professional staff. I understand the information regarding Club members is to be kept confidential and agree to comply with Club rules and policies. I understand that I am offering my services without compensation.

2. Waiver and Release: I release, discharge and hold harmless the ULBGC, its' Officers, Trustees, Directors, agents and sponsors from any liability, claims and demands of whatever kind or nature either in law or equity, for personal injury, death or personal damage, or property damage/loss that may result from my work at the ULBGC. I also understand that the ULBGC does not assume any responsibility for financial or other assistance to me, including but not limited to medical, health, or disability insurance, in the event of an injury or loss.

3. Medical Treatment: I release and discharge the ULBGC, its' Officers, Trustees, Directors agents and sponsors from any claim whatsoever which may arise on account of any first aid treatment or service rendered in connection with my work with the Union League Boys & Girls Clubs. I authorize the ULBGC to obtain necessary medical attention in the event of an Accident or illness to me while working with the ULBGC.

Signature of volunteer: _____ Date: _____

4. Photo Release: I give the ULBGC permission to use any photographs taken of me and convey to the ULBGC any benefits derived from photographs or recording depicting my work at the ULBGC.

Signature of volunteer: _____ Date: _____



Background Checks

All Club applicants are subjected to background check; all Club employees and volunteers are subject to a background check at least every other year. Background investigations may include, but are not limited to, checking into an employee's driver's license, National Sex Offender search, state and federal criminal records and credit checks; any offenses or convictions may prevent on-going employment.

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

Contact telephone number and email address: _____

Are you at least 18 years old? _____

BY CHECKING HERE AND SIGNING MY NAME BELOW, I authorize the ULBGC to investigate my driving record and to run a complete background check. I understand that my opportunity to volunteer and/or be employed with the ULBGC is pending a clean background check. The ULBGC has the right, at any time, for any reason, to revoke my volunteer/employment privileges. I also understand that if I incur any activity that would register on my background check or that should be brought to the attention of the ULBGC administration during my time as a volunteer or employee, I will report that to my supervisor immediately.

If 18 years old:

Signature: _____ Date: _____