



BOYS & GIRLS CLUBS
OF NEWPORT COUNTY

Office Use Only
BCI Submitted: _____
BCI Cleared: _____
Attended Orient. _____
Start Date _____

95 Church Street
Newport, Rhode Island 02840
[401]847-6927

VOLUNTEER APPLICATION

Position Desired: _____ Date: _____

Name: _____

Address: _____

Telephone: _____ Social Security: _____

Are you currently employed? Yes No

Name, Address & Telephone # of present employer: _____

May we contact your present employer? Yes No

Driver's License # and Class: _____

High School attended: _____

Attended from: _____ Attended to: _____

College attended: _____

Attended from: _____ Attended to: _____

Date of graduation: _____

Are you fluent in any foreign language? Yes No

If yes, please list which language: _____

Licenses or certificates that you currently hold: [please provide copies]

Chauffeurs License

CDL License

First Aid

CPR

Lifeguard

State Lifeguard Certificate

Food Handler's License

Other [please explain below]

Do you have any special hobbies or talents? Yes No

If you answered yes, please describe: _____

What age group would you prefer working with? _____

When are you available to volunteer?

Days: _____

Times: _____

Please list any youth development experience:

How many hours do you need to complete? _____

When must they be completed? _____

Have you ever been convicted of a crime; including drugs, sex-related or child abuse related offenses? Yes No

If you answered yes, please explain: _____

Please list three references that we may contact regarding your character:

Name	Address	Telephone
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The Boys & Girls Clubs of Newport County, Inc. reserves the right to conduct a Background Criminal Investigation and a Child Abuse and neglect Tracking System clearance on all potential employees. Attached is a form that includes both as a part of this application process.

Applicant's Signature

Date