



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

Volunteer Application

Location (Circle all that apply): *Vero* *Sebastian* *Fellsmere*

Date: _____

Last Name: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer (if applicable): _____

Please circle the day(s) you are interested in volunteering:

Monday / Tuesday / Wednesday / Thursday / Friday

Please circle the age group(s) you are interested in working with:

6-8 yr olds / 9-11 yr olds/ 12 & older / No Preference

List all previous/current Volunteer Experience: _____

Do you have experience working or volunteering with children? _____

List any special skills/hobbies/interests that you have that would be an asset to The
Boys & Girls Clubs of Indian River County: _____

Boys & Girls Club of Indian River County, Inc.
1729 17th Avenue; Vero Beach, FL 32960
Phone: (772) 299-7449 FAX (772) 299-3840

Tell us about yourself: _____

References:

- Name: _____ Phone: _____ Yrs. Known: _____
- Name: _____ Phone: _____ Yrs. Known: _____
- Name: _____ Phone: _____ Yrs. Known: _____

Emergency Contact:

Name: _____ Relation to Contact _____
Phone: _____

I certify that all of the information on this application are true and correct. As a volunteer of The Boys & Girls Clubs of Indian River County I agree to abide by the organizations policies and procedures. I understand that in order to volunteer I will be required to complete a background check and training requirements prior to working with children.

Applicant's signature

Date

Approved by:

Date

Director's signature

Date