

Check those areas where you have experience and interest in volunteering:

- | | | |
|--|---|--|
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Making Phone Calls | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Data Input | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Photography | <input type="checkbox"/> Music |
| <input type="checkbox"/> Art | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Fishing | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Math Tutor | <input type="checkbox"/> Homework Help |
| <input type="checkbox"/> Science Help | <input type="checkbox"/> Cycling | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Board Member |

Other _____

Check the days you are available and note the best times for you.

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
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PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BELOW AND SIGN

___ I certify I have not knowingly withheld any information that might adversely affect my chances for volunteering. I understand any omission or misstatement will be grounds for rejection of this application or immediate dismissal.

___ I authorize BGCRV to verify all information provided on this application. I authorize any reference to disclose any information related to my work or educational record.

___ I understand it is a requirement all volunteers who work with or have contact with children must complete a background check.

___ I assume the risk of injury and all medical expenses incurred from any injury resulting from my volunteer participation. I understand I am NOT covered by Worker's Compensation Insurance. I release BGCRV, it's Board, and employees from any claims for damages or injuries to myself.

Volunteer Signature

Date