



**BOYS & GIRLS CLUBS**  
OF MONMOUTH COUNTY

**APPLICATION FOR  
VOLUNTEER SERVICE**  
AN EQUAL OPPORTUNITY EMPLOYER

1201 Monroe Avenue  
Asbury Park, NJ 07712  
Fax 732-775-4065

138 Drs. James Parker Blvd.  
Red Bank, NJ 07701  
Fax: 732-530-0089



**Big Brothers Big Sisters**  
of Monmouth County

Boys & Girls Clubs of Monmouth County consider all applicants for employment and volunteer service without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, we comply with applicable state and local laws prohibiting discrimination in employment for any reason or protected class. The Boys & Girls Clubs also provide "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state laws.

PLEASE REVIEW ALL SECTIONS FIRST, THEN PRINT AND ANSWER ALL QUESTIONS COMPLETELY.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
HOME CELL

If necessary, the best time to call you at home is \_\_\_\_\_ am / pm. May we contact you at work? Yes / No

If yes, work number and best time to call: (\_\_\_\_) \_\_\_\_\_ am / pm

Is there any other name(s) under which you have employment or education records? Yes / No

If yes, indicate name(s) records are listed under \_\_\_\_\_

Have you ever been employed here before? Yes / No If yes, give dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? Yes / No  
[Proof of US citizenship or immigration status will be required upon employment]

Are you at least 18 years of age? Yes / No If no, can you furnish a work permit? Yes / No

Have you been convicted of, plead guilty to, and/or pled to a crime (felony or misdemeanor, including but not limited to sexual offender crimes, theft, banking fraud, drug and/or alcohol-related offenses, assault, etc.)? Yes / No  
[Conviction may be relevant if job related, but may not bar you from employment]

If yes, please explain \_\_\_\_\_  
DATE COURT PLACE OF OCCURRENCE

\_\_\_\_\_  
TYPE OF CRIME DISPOSITION

**VOLUNTEER POSITION APPLIED FOR**

**Boys & Girls Clubs of Monmouth County**  
Unit: Asbury Park Red Bank

Type of Employment: Volunteer Position: College Bound Mentor

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Area of Expertise/Interest : \_\_\_\_\_



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**EDUCATION AND TRAINING**

School	Name, Address of School	Course of Study	No. of Yrs. Completed	Did you graduate?
High School or G.E.D. Test				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical, Trade, Business, Military				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills, certificates, licenses, qualifications or awards.

**EMPLOYMENT HISTORY / VOLUNTEER EXPERIENCE.**

INCLUDE PAST 10 YEARS IF APPLICABLE

EMPLOYED BY:	TELEPHONE #	FROM Month/Year
ADDRESS	CITY	STATE ZIP CODE TO Month/Year
TITLE & DUTIES	Hours Per Week	Salary
SUPERVISOR'S NAME & TELEPHONE #	REASON FOR LEAVING	

EMPLOYED BY:	TELEPHONE #	FROM Month/Year
ADDRESS	CITY	STATE ZIP CODE TO Month/Year
TITLE & DUTIES	Hours Per Week	Salary
SUPERVISOR'S NAME & TELEPHONE #	REASON FOR LEAVING	

EMPLOYED BY:	TELEPHONE #	FROM Month/Year
ADDRESS	CITY	STATE ZIP CODE TO Month/Year
TITLE & DUTIES	Hours Per Week	Salary
SUPERVISOR'S NAME & TELEPHONE #	REASON FOR LEAVING	



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**REFERENCES**

Please provide information on three (3) individuals who can provide first-hand knowledge of your skills and abilities and also your suitability to working with children. One may be a member of your family that does not live with you. The other two should be co-workers, friends, or neighbors who have known you for at least three years.

NAME:				FROM	Month/Year
ADDRESS	CITY	STATE	ZIP CODE	TO	Month/Year
RELATIONSHIP					
TELEPHONE #			E-MAIL ADDRESS		

NAME:				FROM	Month/Year
ADDRESS	CITY	STATE	ZIP CODE	TO	Month/Year
RELATIONSHIP					
TELEPHONE #			E-MAIL ADDRESS		

NAME:				FROM	Month/Year
ADDRESS	CITY	STATE	ZIP CODE	TO	Month/Year
RELATIONSHIP					
TELEPHONE #			E-MAIL ADDRESS		

If you have had any other references in addition to those listed above which are relevant to the job for which you are applying, please describe.

Can you perform the essential functions of this job (as detailed verbally or in the job description) with or without reasonable accommodations? \_\_\_\_\_

**APPLICANTS FOR VOLUNTEER SERVICE AND INTERNSHIPS**

Please explain why you are applying for this position and what you hope to accomplish. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**APPLICANT AGREEMENT AND AUTHORIZATION TO RELEASE REFERENCE INFORMATION**

The information I have provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application materials, or during any interviews, may be considered sufficient cause for rejection of my application and also for dismissal, if discovered after I am employed or have begun a volunteer assignment.

Any offer of employment or volunteer service I may receive from Boys & Girls Club of Monmouth County is contingent upon my successful completion of the organization's total pre-employment screening process, including the organization's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination. I hereby consent to having the results of any post-offer pre-employment medical exam disclosed to BGCMC.

I understand that as a condition of employment or volunteer service, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed or selected for volunteer service, I may be required to submit to any alcohol or drug screening pursuant to the policies of BGCMC.

I authorize Boys & Girls Club of Monmouth County to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions and all other necessary sources. I hereby release all of those employers, references, academic institutions, Boys & Girls Club of Monmouth County and all others from any and all liability arising from their giving or receiving information about my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, driver's abstract from a Bureau of Motor Vehicle check and any other background check deemed necessary.

I also authorize Boys & Girls Club of Monmouth County to supply information about my employment record or volunteer service, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release Boys & Girls Club of Monmouth County from any and all liability for proving this information. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

**I understand that nothing in this employment/volunteer application, in Boys & Girls Club of Monmouth County's policy statements or personnel guidelines, or in my communications with any Boys & Girls Club of Monmouth County official is intended to create a contract between Boys & Girls Club of Monmouth County and me. I also understand that Boys & Girls Club of Monmouth County has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me. I UNDERSTAND THAT IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, THAT EITHER THE EMPLOYER OR EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT PRIOR NOTICE.**

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE PRECEDING STATEMENTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**BOYS & GIRLS CLUBS  
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**GREAT Lives Start [HERE](#)**

Asbury Park Unit  
1201 Monroe Ave.  
Asbury Park, NJ 07712  
Tel 732.775.7862

Red Bank Unit  
138 Drs. James Parker Blvd.  
Red Bank, NJ 07701  
Tel 732.530.0065

[www.bgcmomouth.org](http://www.bgcmomouth.org)



**Big Brothers Big Sisters**  
of Monmouth County

*Little Moments. Big Magic.™*

Crystal Brook Professional Building  
174 Main Street  
Eatontown, NJ 07724  
Tel 732.544.2224

[www.bbbsmonmouth.org](http://www.bbbsmonmouth.org)

**AUTO INSURANCE FORM/Driver's license**

ALL EMPLOYEES AND VOLUNTEERS MUST CARRY AUTO INSURANCE IN THE AMOUNT REQUIRED BY THE STATE. THIS IS SO WE CAN PROVIDE EXCESS AUTO LIABILITY PROTECTION WHILE INVOLVED IN THE BIG BROTHERS BIG SISTERS OF MONMOUTH COUNTY AGENCY

*In addition to completing this form a copy of your driver's license and insurance card MUST be placed in your file. Please bring these to your office interview so we can make a copy for your file. ONLY with these documents will our insurer provide coverage. Each year a new copy must be given to the BBBS office for your files to keep information updated.*

Name of employee/volunteer \_\_\_\_\_

Insurance Agency \_\_\_\_\_

Agent name & Agent phone # \_\_\_\_\_

Policy Number \_\_\_\_\_

Limits/Bodily Injury/Property Damage \_\_\_\_\_

\_\_\_\_\_

OR

\_\_\_\_\_ Combined Single Unit

Driver's License# and State of issue: \_\_\_\_\_

**(Will be used to obtain an abstract of your driver history record.)**

BY SIGNING BELOW, I AGREE TO NOTIFY BIG BROTHERS BIG SISTERS OF MONMOUTH COUNTY OF ANY CHANGES IN MY AUTO INSURANCE COVERAGE AND DRIVING RECORD.

Signature and Date: \_\_\_\_\_

**PLEASE MAKE SURE THAT YOU HAVE PROVIDED ALL THE NECESSARY INFORMATION.  
INCOMPLETE APPLICATIONS WILL RESULT IN PROCESSING DELAYS.**



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### Background Clearance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_

DL # \_\_\_\_\_ State Issued: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Other address if current is less than 5 years:

Street # & Name: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Have you ever been convicted of a Criminal Offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements herein are complete and correct, and agree that (A)Big Brothers Big Sisters is authorized to furnish information concerning this application and are released from all liability for furnishing such information and (B)that I may be checked through Volunteer Select\* including a request to the Department of Motor Vehicles, Criminal and Sexual Offense databases, and (C)any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination.

I hereby authorize the addressed Police Departments and Court Houses to Furnish Volunteer Select any Criminal or Traffic Information they may have on record or otherwise, and do hereby release the addressed institution and all individual's connected therewith from all liability for damage whatsoever incurred in furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\* Please be advised that Volunteer Select is a well-know, web-based security check used by many volunteer based agencies. It is fully encrypted.