

PLEASE RETURN COMPLETED  
VOLUNTEER APPLICATION &  
PHOTO ID TO:

Kyle Connelly  
Volunteer Coordinator  
235 Straight Ave NW  
Grand Rapids, MI 49504  
P: 616.233.9370 x 104  
E: kconnelly@bgcgrandrapids.org  
www.bgcgrandrapids.org



**BOYS & GIRLS CLUBS**  
OF GRAND RAPIDS  
YOUTH COMMONWEALTH

**ALL volunteers must complete the new Volunteer Application paperwork and wear the appropriate Volunteer ID Badge at all times while in the building**

- **Boys & Girls Clubs of Grand Rapids is a special place.** Every day after school, hundreds of kids from the community enter our doors and are provided with opportunities they might not otherwise have. Whether they need homework help, want to learn how to play the drums, are working on an art project, or simply need a hot meal and a safe space; our doors are open. Our clubs would not be possible without invested volunteers, like you.
- **WHO IS CONSIDERED A VOLUNTEER?** Any/all persons providing services for Boys & Girls Clubs of Grand Rapids (and our members) that are not paid by Boys & Girls Clubs of Grand Rapids. This includes, corporate groups, program specific groups, interns, parents, etc.
- **PROCESSING TIME:** Please allow a minimum of two weeks after the application is received by the volunteer coordinator for processing.

Thank you for investing your time and talents as we work towards our mission to enable all young people to reach their full potential.

A handwritten signature in black ink, appearing to read 'Patrick Placzkowski'.

Patrick Placzkowski  
CEO



# APPLICATION TO VOLUNTEER

**BOYS & GIRLS CLUBS**  
OF GRAND RAPIDS  
YOUTH COMMONWEALTH

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Club at which you wish to volunteer

\_\_\_\_\_  
Name of member (If Parent)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Please list any other Aliases or Maiden Names

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Emergency Contact: Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relation to Volunteer

Are you with a community program and/or corporate group?

Yes

No

If yes, which program/group?

\_\_\_\_\_

Have you previously volunteered or been employed  
with Boys & Girls Clubs of Grand Rapids before?

Yes

No

If yes, please provide details: \_\_\_\_\_

## VOLUNTEER PLACEMENT REQUEST

Please specify area(s) of interest for volunteer placement (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Art Projects        | <input type="checkbox"/> Homework Help/Tutoring |
| <input type="checkbox"/> Cleaning/Organizing | <input type="checkbox"/> Special Events         |
| <input type="checkbox"/> Gym Activities      | <input type="checkbox"/> Special Projects       |

Other: \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications you have and could use when volunteering.

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Please indicate any foreign language you can speak, read, and/or write. Also indicate degree of fluency

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## VOLUNTEER AVAILABILITY

HOURS OF OPERATION: School Year: 3pm -8pm | Summer: 11am - 5pm

Please indicate the time(s) you are available for each day

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

## BACKGROUND CHECK PROCESSING

Have you ever pleaded “guilty” or “no contest” to, or have ever been convicted of a crime?

Yes

No

If yes, please provide details: \_\_\_\_\_

I understand that I will NOT be allowed to begin volunteer work at BGCGRYC until a criminal background check has been completed and I have been contacted about the results of my background check.

\_\_\_\_\_ (Initial here)

Boys & Girls Clubs of Grand Rapids Youth Commonwealth (BGCGRYC) will conduct background checks annually for all current and active volunteers who have direct contact with children. Name-based record searches may be used but shall, at a minimum, (a) verify the person’s identity and legal aliases, (b) provide a national Sex Offender Registry search, and (c) provide a national criminal record search. All background check findings shall be considered when making volunteer decisions. By signing below, I authorize BGCGRYC to begin conducting my Criminal Background Check. I affirm that all information listed on this application is true and complete and that any falsification or misrepresentation may result in my non-acceptance or dismissal as a volunteer.

BGCGRYC reserves the right to deny any individual for any reason from volunteering with BGCGRYC. Boys & Girls Clubs Grand Rapids Youth Commonwealth is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other category protected by law. By writing my name below, I am aware that volunteering with Boys & Girls Clubs of Grand Rapids Youth Commonwealth involves certain risks, which may include bodily injury and property damage. Therefore I acknowledge and agree that Camp O’Malley and Boys & Girls Clubs of Grand Rapids Youth Commonwealth is not responsible for any accident, injury, damage, loss or liability incurred by me, while volunteering services for Boys & Girls Clubs of Grand Rapids Youth Commonwealth.

**Photo Release:** I agree that Boys and Girls Clubs of Grand Rapids Youth Commonwealth may photograph me and use my image and/or statement for advertising, publicity, display, publication or other promotional purposes.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

Copy Photo ID Here  
or  
Attach a Separate Page

**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		

I am completing this for myself.  I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

**SECTION 2 REQUESTER INFORMATION**

Check Appropriate Box <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization <b>Grand Rapids Youth Commonwealth</b>		Name of Requester <b>Kyle Connelly, Volunteer and Data Coordinator</b>	
Address <b>235 Straight Ave NW</b>	City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49504</b>
Email <b>kconnelly@bgcgrandrapids.org</b>	Fax <b>616.233.9371</b>	Phone Number <b>616.233.9370x104</b>	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.