

**Days and Hours available to volunteer:** (Please specify which days and what hours your are available)

Monday \_\_\_\_\_

Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_

Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

**Volunteer Hours For Credits/Service**

Please inform us if your volunteer time will be used for credits or hours, and what they will be put toward.  
(Court-ordered Community Service cannot be completed here at this faciliti

Service/Volunteer Hrs. Needed \_\_\_\_\_ Needed For \_\_\_\_\_

Service/Volunteer Hrs. Needed \_\_\_\_\_ Needed For \_\_\_\_\_



**\*For Those needing AmeriCorp Hours, we are a recognized service site\***  
**AmeriCorp is a program open to any volunteer who will be attending a secondary institution or is currently enrolled in one.**  
**Please See AmeriCorp Supervisor For More Info.**

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**SCHOLARSHIP OPPORTUNITY**  
(Tutoring Only)

If applying for the Tutoring Scholarship, please note that there is a limited number of scholarships rewarded each year. If you are interested you must agree and follow through with a commitment of 3hrs per week for the length of the current school year. Scholarship amounts vary depending on the number of tutors who complete their commitments. Please sign below if you are interested.

Signature: \_\_\_\_\_

***Authorization for Release of Information***

My signature below states my understanding that I am being considered for a position at the Boys & Girls Club of Noblesville and that I hereby authorize the Boys & Girls Club of Noblesville to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Indiana or throughout the United States. I further understand that information obtained during the investigation may be used as a basis for denial of an appointment or reappointment, as well as termination when appointed to the above position pending completion of my records check investigation. I understand that refusal to sign this release will result in termination of the job process. All information I hereby authorize to be obtained will be held strictly confidential.

Signature: \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_

Full Name & Address on Driver's License:

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