

BGCI appreciates your desire to serve Indianapolis youth. Please complete the following form to continue the volunteer process.

VOLUNTEER BACKGROUND CHECK INFORMATION FORM

Please **PRINT FULL LEGAL** name

FIRST	MIDDLE	LAST	MALE/FEMALE

SOCIAL SECURITY NUMBER	DATE of BIRTH (month/day/year)	AGE	RACE

PRINT addresses for the PAST 7 YEARS beginning with current address. Continue on back or second page if needed.

STREET ADDRESS	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?

HOME PHONE:	CELL PHONE:	EMAIL ADDRESS

Many employers have programs to support their employees' volunteer activities. Please indicate if your employer:

_____ pays for background checks _____ donates to non-profits where you volunteer _____ matches donations

Employer: _____

VOLUNTEER BACKGROUND CHECK

Permission to Conduct Background Check & Affirmation Statement

The Boys & Girls Clubs of Indianapolis (BGCI) conducts background checks on all prospective and current volunteers, employees, and AmeriCorps members on an annual basis. As a prospective volunteer, the Boys & Girls Clubs of Indianapolis requests your consent to conduct a National Sex Offender check and Limited Criminal History Background Check. By signing below, you consent to these checks and understand that you have the right to contest any information returned by law enforcement to Boys & Girls Clubs of Indianapolis. You also understand that you are not an employee and are not covered by worker's compensation.

By signing below, I authorize the release of any and all information provided by law enforcement agencies related to any potential past criminal activity on my part. I understand that this information will be considered in the hiring process, but will not be a sole determinant of employment or volunteering. I also grant BGCI permission to take photos and/or video of me and use it/them as they see fit.

Signature: _____

Date: _____

By signing below, you expressly understand and agree that the Boys & Girls Clubs of Indianapolis shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the volunteer on any property of the named Club or any property used in conjunction with an event involving the club. You also understand that in conjunction with this specific event, if you transport a Boys & Girls Club member in a personal vehicle, you may be held liable in case of an incident.

Driver's License Number _____

Issuing State _____

Signature: _____

Date: _____

By marking this box, you agree to opt out of receiving Boys & Girls Clubs of Indianapolis communications.

Please return this form: BGCI, 3909 N Meridian St, Ste 100, Indianapolis, IN 46208 Fax: (317) 920-4701 *Questions?*
 Call the BGCI Service Center at (317) 920-4700 or E-mail: events@bgcindy.org

For Office Use Only: Indicate dates and initial on each item below.	
Application Received: _____	Accepted/ Rejected: _____
Background Check Submitted: _____	Club Placement: _____
Background Check Complete: _____	Club Program Assigned: _____
Date entered in database _____	Start date/ orientation _____