

## **Group Volunteer Application Form**

national origin or disability.

NOTE: Application is due THREE WEEKS PRIOR to proposed date of activity. Group/Organization Name: Primary Contact's Name (first & last): \_\_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ How did you find out about the Boys & Girls Club? \_\_\_\_\_ Is this service required for a college course? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please provide the following: Course Title: \_\_\_\_ E-Mail Address: \_\_\_\_ Professor's Name: If not, please explain the purpose of your service project.\_\_\_\_ Group Advisor Name: \_\_\_\_\_\_E-Mail Address: \_\_\_\_\_ How many individuals are in your group? \_\_\_\_\_ Choose dates from the In-Service days from the Operations Calendar: 1<sup>st</sup> Choice: \_\_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_ **Project Proposal** Please note that all group projects must align with one or all of the Boys & Girls Club of Manhattan's priority outcomes: Academic Success, Good Character & Citizenship, and/ or Healthy Lifestyles. Please visit www.bgclubmanhattan.com for more information on these outcomes. Choose Priority Outcome Area: Academic Success Good character & Citizenship Healthy Lifestyles Please give a detailed description of the Project Proposal. Submit any flyers, documents, or other marketing materials you may be using. I authorize the Boys & Girls Club of Manhattan to investigate all statements in this application and to secure any necessary information. We understand, as unpaid volunteers, that we volunteer our time and resources without compensation. I, group contact, hereby acknowledge that I have read and understand the preceding statements and it is incumbent upon me to inform all group members of guidelines set forth by the Boys & Girls Club of Manhattan. Signature of Group Contact Date

\*Qualified volunteer applicants receive consideration without discrimination based on age, sex, religion, marital status, race, color, creed,