

Boys & Girls Club of Highlands County
P.O. Box 1596
Sebring, FL 33871
863-451-5401
boysandgirlsclubofhighlandscounty.com

Volunteer Application

First Name		1iddle	Last Name	Last Name	
Address		City	State	ZipCode	
Contact Information:	Home Phone		Cell Phone		
Best Time to Call	AM / P	M (please circle)			
Date of Birth	Age	Race	Social Security	Number	
** The Informat	tion on this page is C	Confidential and will	not be used for anything	other than employment **	
Special Interest					
Hobbies					
What benefits to our club	do you offer				
Current Employer			low Long Have You Been	There	
May We Contact Your Cui	rrent Employer ? _		Phone		
Which Location could you	ı volunteer for A	von Park / Sebring	(Please Circle) o	r Both	
Are you willing To Travel	To Either Location _	Would Yo	ou Be Available To Chape	rone Field Trips	
Days and Times You Wou	ld Be Available				
*If Your Application Is Exc	epted, When Would	l You Be Able To Start	<u> </u>		
References			Phone		
			Phone		
			Phone		
			Dhana		

^{*}When Completed, Please Mail Your Application Back To The Above Address

^{*}Applications ARE Subject To Back Ground Checks, and Drug Tests.