



**BOYS & GIRLS CLUBS**  
OF AMERICAN SAMOA

998381 TAFUNA AIRPORT ROAD, PAGO PAGO, AS 96799 [www.bgcamericansamoa.org](http://www.bgcamericansamoa.org) 684.699.2222

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

## STUDENT VOLUNTEER APPLICATION

(Please Print)

Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

State: \_\_\_\_\_

Current Age: \_\_\_\_\_

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

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

What area(s) of programming interest you most?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Cooking/Nutrition     | <input type="checkbox"/> Prevention Programs   |
| <input type="checkbox"/> Fine Arts/Crafts   | <input type="checkbox"/> Technology/Computers  | <input type="checkbox"/> Music/Performing Arts |
| <input type="checkbox"/> Sports/Fitness     | <input type="checkbox"/> Environmental Studies | <input type="checkbox"/> Leadership            |

**Please fill in the days and times that you are available to volunteer.\***

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Times						

*\*Clubs are closed on weekends, however, special events/programs are occasionally scheduled for Saturdays.*

Total number of hours each week you are available to volunteer: \_\_\_\_\_

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): \_\_\_\_\_

**Please select which grade levels you are interested in working with:**

- Grade 1     Grade 2     Grade 3     Grade 4     Grade 5     Grade 6

**Please select reason for volunteering:**

- Community Service     Senior Project     School Class Project     National Honor Society

Please list extracurricular activities you participate in and any part time jobs you hold (include school clubs, leadership, volunteering, etc):

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Please describe any experience you have that makes you a strong volunteer candidate for Boys & Girls Clubs of American Samoa:

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How did you learn of Boys & Girls Clubs of American Samoa?

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**BY SIGNING THIS DOCUMENT I AM AWARE THAT THE BOYS & GIRLS CLUBS OF AMERICAN SAMOA MAY CONTACT THE LISTED REFERENCES FOR VERIFICATION PURPOSES. I WILL NOT ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.**

**Student Signature:** \_\_\_\_\_

**Student Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Parent Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STUDENT VOLUNTEER APPLICATION CHECKLIST**

- Completed Volunteer Application form
- Parent/Guardian signature and authorization
- Contact information for Advisor/Teacher
- Student/Government ID

*Nondiscrimination Policy:*

*In accordance with Federal and Local laws, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, sexual orientation, gender identity, age or disability*

**Please return completed applications to:**

Boys & Girls Clubs of American Samoa  
998381 Tafuna Airport Road  
Pago Pago, American Samoa 96799  
Office: (684)699-2222/2225  
Email: [info@bgcamericansamoa.org](mailto:info@bgcamericansamoa.org)

**Hours of Operation:**

9:00 A.M. – 6:00 P.M. (Monday – Friday)  
Closed on Holidays