



BOYS & GIRLS CLUBS
OF AMERICAN SAMOA

998381 TAFUNA AIRPORT ROAD, PAGO PAGO, AS 96799 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?

Education/Tutoring

Cooking/Nutrition

Prevention Programs

Fine Arts/Crafts

Technology/Computers

Music/Performing Arts

Sports/Fitness

Environmental Studies

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):

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

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

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: _____

<p align="center">STUDENT VOLUNTEER APPLICATION CHECKLIST</p> <p><input type="checkbox"/> Completed Volunteer Application form</p> <p><input type="checkbox"/> Parent/Guardian signature and authorization</p> <p><input type="checkbox"/> Contact information for Advisor/Teacher</p> <p><input type="checkbox"/> Student/Government ID</p>

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

Hours of Operation:

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