



BOYS & GIRLS CLUBS
OF AMERICAN SAMOA

FOR OFFICE USE ONLY:

Date Received: _____

Processed By: _____

998381 TAFUNA AIRPORT ROAD, PAGO PAGO, AS 96799 www.bgcamericansamoa.org 684.699.2222

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

Games Room/Outdoor Games

Career Development

Fine Arts/Crafts

Technology/Computers

Music/Performing Arts

Sports/Fitness

Teen Programs

Admin/Development

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.): _____

List any special skills, areas of knowledge and/or experience (including languages):

List any previous volunteer experiences (include name of organization) or experience working with youth:

What is your occupation? _____

Name and address of employer: _____

Are you a College/University student? Yes No

Name and location of school: _____

Are you volunteering as part of a Service-Learning course or program? Yes No

If yes, please provide the following: Course title/program: _____
Advisor's name: _____
Contact information: _____

Please provide two personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

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

Are you a former member of a Boys & Girls Club? Yes No

If yes, what was the name and location of the club? _____

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Are you volunteering as part of a corporate/community program or organization? Yes No

If yes, what is the name of the program/organization? _____

DEMOGRAPHIC INFORMATION

Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and is not used in any manner to make decision or judgments regarding a prospective volunteer.

Gender: Female Male

Race/Ethnicity: Caucasian African American Hispanic Native American

Pacific Islander (specify): _____ Asian Multi-racial

BY SIGNING THIS DOCUMENT I AM AWARE THAT THE BOYS & GIRLS CLUBS OF AMERICAN SAMOA MAY CONTACT THE ABOVE LISTED REFERENCES. I ALSO AGREE TO SUBMIT TO A BACKGROUND CHECK THROUGH THE AMERICAN SAMOA DEPARTMENTS OF HOMELAND SECURITY AND PUBLIC SAFETY AS MANDATED BY THE BOYS & GIRLS CLUBS OF AMERICA. I WILL NOT ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.

Applicant Signature: _____

Print Name: _____

Date: _____

Please return completed applications to:

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

Hours of Operation:

10:00 A.M. – 6:00 P.M. (Monday – Friday)
Closed on Holidays

Contact for information:

(684) 699-2222

(684) 699-2225

info@bgcamericansamoa.org

Sailipea K. Barber

Executive Director

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Puataunofu M. Tulafono

Student Services Director

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Visit our official website:

www.bgcamericansamoa.org

or “Like” us on Facebook:



.com/BGCAMsamoa

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