

FOR OFFICE USE ONLY: Date Received: _____ Processed By: _____



BOYS & GIRLS CLUBS
OF AMERICAN SAMOA

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

ADULT 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"/> Games Room/Outdoor Games	<input type="checkbox"/> Career Development
<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"/> Teen Programs	<input type="checkbox"/> 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:

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

Contact for information:

(684) 699-2222

Ainuu Taase Amosa,
Executive Director
ainuutaase@bgcamericansamoa.org

Sailipea K. Barber
Clubhouse Manager
sailipea@bgcamericansamoa.org

Puataunofu M. Tulafono
Volunteer Student Services Director
pmatula12@bgcamericansamoa.org

Visit our official website:

www.bgcamericansamoa.org

or “Like” us on Facebook:



[.com/BGCAMsamoa](https://www.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