



**BOYS & GIRLS CLUB
OF BOONE COUNTY**



APPLICATION FORM

CLUB _____ **DATE** _____

NAME _____ **AGE** _____

ADDRESS _____

STREET

CITY

ZIP

PHONE _____ **GENDER** _____

INCASE OF EMERGENCY, NOTIFY:

NAME _____ **PHONE** _____

GRADE LEVEL	SCHOOL NAME

YEARS AS CLUB MEMBER _____

HOBBIES/SPORTS/EXTRACURRICULAR ACTIVITIES _____

AWARDS/ACHIEVEMENTS _____

PREVIOUS WORK/VOLUNTEER EXPERIENCE _____



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**REFERENCES: (STAFF, TEACHERS, GUIDANCE COUNSELOR, EMPLOYEERS,
CHURCH OFFICIALS, ETC; DO NOT INCLUDE RELATIVES)**

NAME

What Days Do You Attend the Boys & Girls Club?_____

SUBMIT COMPLETED APPLICATION and QUESTIONNAIRE TO STAFF