

Group/Organization Volunteer Application

Email completed application to Molly Williams: mwilliams@bgcsck.org.

Group/Organization Information			
Group/Organization Name:			Date:
Primary Contact Full Name:	(first name, last name)		
Phone:		_ Email	
Project Proposal			
	ojects must align with one o	r all of the Boys & Girls Clubs of S nship, and/or Healthy Lifestyles.	South Central Kansas' priority
Choose Priority Outcome Ar	ea: Academic Success	Good Character & Citizensh	nip
How many individuals will accompany you for this project?			
Please list the date(s) you would like to deliver your project:			
Please give a detailed description of the project proposal. Submit any flyers, documents, or other marketing materials you may be using.			
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Please note that no photogra	aphs or videos may be taker	of members or staff.	
	Disclaime	r and Signature	
I authorize the Boys & Girls Clubs of South Central Kansas to investigate all statements in this application and to secure any necessary information. We understand, as unpaid volunteers, that we volunteer our time and resources without compensation. I, group contact, hereby acknowledge that I have read and understand the proceeding statements and it is incumbent upon me to inform all group members of guidelines set forth by the Boys & Girls Clubs of South Central Kansas.			
Signature of Group Contact:			Date:

*Qualified volunteer applicants receive consideration without discrimination based on age, sex, religion, marital status, race, color, creed, national origin, or disability.