





**BOYS & GIRLS CLUB  
OF CHEYENNE**

***Thank you for your interest in volunteering at the Boys & Girls Club of Cheyenne.*** Boys & Girls Clubs are a safe place for kids to learn and grow, all while having fun. It is the place where great futures are started each and every day. Club membership is open to all youth between the ages of 6 and 18.

You can make a real difference in a young person's life and in your life as well. We work with your schedule and availability.

 As a volunteer you can give one-on-one attention to a child and be a positive role model, a friend, someone who will listen, or play a game with. Other members may need help with homework or reading.

 Or you may be interested in helping with a program or activity. The Boys & Girls Club of Cheyenne offers a variety of programs and activities for members to choose from that are part of our Core Program Areas.

#### Our Core Program Areas:

##### Education & Career

These programs help youth create aspirations for the future, providing opportunities for career exploration and educational enhancement.

##### Character & Leadership

Helping youth become responsible, caring citizens, develop leadership skills, and ways to contribute to Club and community.

##### Health & Life Skills

These initiatives help develop positive behaviors and good choices that nurture their own well-being.

##### The Arts

Programs in this core area encourage youth to develop their creativity and cultural awareness through visual arts, fine arts, crafts, and performing arts.

##### Sports, Fitness and Recreation

These activities and programs help develop fitness, a positive use of leisure time, and help with social and interpersonal skills.

#### Hours of operation:

During the school year we are open from 2:00 pm-7:00 pm. Our hours may change due to no school days, and other school related happenings. During the summer and school breaks, we are open from 7:30 am-6:00 pm.

For further information, contact:

Cameron Karajanis, Club Director  
Boys & Girls Club of Cheyenne Wyoming  
515 West Jefferson Road, Cheyenne WY 82007  
Phone: 307.778.6674 Fax: 307.778.6694  
Email: ckarajanis@bgcchey.org

**GREAT FUTURES START HERE.**

**BOYS & GIRLS CLUB OF CHEYENNE  
MENTOR/VOLUNTEER APPLICATION**

*(Please type or print)*

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Home e-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business phone \_\_\_\_\_ Fax \_\_\_\_\_ Business e-mail \_\_\_\_\_

Preferred Mentoring Day (Mon - Sat) Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Best Time of Day to mentor (check all that apply): Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Do you prefer to be matched with: (check one): Male \_\_\_\_\_ Female \_\_\_\_\_ No preference \_\_\_\_\_

Do you prefer to be matched with: (check one): Younger youth \_\_\_\_\_ Teen \_\_\_\_\_ No preference \_\_\_\_\_

- On the back of this application or a separate sheet of paper, write a brief statement on why you wish to be a mentor in the Mentoring Program at the Boys & Girls Club.
- On the back of this application or a separate sheet of paper, describe special interests or hobbies that may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, painting, etc.).

List the addresses where you have lived for the last 10 years (begin with the most recent after the current address listed above). Use back of page or separate sheet if more space is needed:

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please provide three personal references (other than family members):

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
3. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Employment History:** List the last three places of employment with the most recent first:

1. Company \_\_\_\_\_ Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_
2. Company \_\_\_\_\_ Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_
3. Company \_\_\_\_\_ Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_

**Mentor Release Statement**

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Mentoring Program at the Boys & Girls Club (hereafter known as the "Club"). I understand that the program involves spending a minimum of one hour per week at the Club. I am not allowed to take the youth off the Club grounds. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with staff regularly during this period. I am willing to commit to one year in the program and then may be asked to renew for another year.

I have not been convicted of (a) any felony of any kind, or any misdemeanor involving (b) harm or threat of harm to another person, (c) controlled substances, (d) acts of a sexual nature, or (e) cruelty to animals. I am not under current indictment. Further, I hereby fully release, discharge and hold harmless the Club, participating organizations and all of their employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Mentoring Program.

I understand that the Club staff reserves the right to terminate a mentor from the program. The program takes place only at the Club and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

\_\_\_\_\_  
(Mentor Signature)

\_\_\_\_\_  
(Date)

**APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN**

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

**Instructions:**

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 5) **Incomplete forms will be returned unprocessed.**
- 6) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 7) The SS-26 Form will be returned to the DFS Human Resources within ten (10) business days of receipt.
- 8) Areas marked by an asterisks (\*) are required fields.

Mail application to:

Department of Family Services  
Central Registry  
2300 Capitol Ave, 3<sup>rd</sup> Floor  
Cheyenne, WY 82002

**To be Completed by Organization/Facility (Print clearly)**

Name of person being screened \_\_\_\_\_

\*City of Field Office requesting check: \_\_\_\_\_ Cheyenne

\*Contact person for Field Office: \_\_\_\_\_ Ro Jean Haug (ro.jean.haug@wyo.gov)

\*Phone (307) 777-5198 Ext. \_\_\_\_\_

\* Child Care Subsidy Program                      \* Foster Care/Adoption

\* 24 Hour Substitute Care Certification            \* Home Study

\* ICPC/ICJ

**For Central Registry Office Use only**

Date Completed \_\_\_\_\_ Reference Number \_\_\_\_\_ **- 0104**

Person being screened listed on the DFS Abuse/Neglect Central Registry?      YES       NO

Central Registry Specialist Initials \_\_\_\_\_ DB \_\_\_\_\_

**AUTHORIZATION OF RELEASE  
OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION**

**To Be Completed by Person Being Screened (Please type or print legibly in ink.)**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

\***Full** Legal Name \_\_\_\_\_

\*Maiden Name \_\_\_\_\_

\*Former Married Names \_\_\_\_\_

\*Aliases \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Ethnicity

- Caucasian
- Hispanic
- Black

- Native American
- Asian
- Other \_\_\_\_\_

Gender: Male  Female

\*Current Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone \_\_\_\_\_

\*List All Addresses for the past ten (10) years

\_\_\_\_\_  
\_\_\_\_\_

"Voluntarily" List Names of Your Children (This information assures accuracy of the screen)

\_\_\_\_\_  
\_\_\_\_\_

In the course of my duties, I will have unsupervised access to

Children \_\_\_\_\_ Adults \_\_\_\_\_ Both Children and Adults \_\_\_\_\_

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services. If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Person Being Screened

\_\_\_\_\_  
\*Date Valid for 60 Days

\*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is "under investigation", shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.

**APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN**

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Date Completed \_\_\_\_\_ Reference Number - 0104

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES  NO

Central Registry Specialist initials \_\_\_\_\_ DB \_\_\_\_\_

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\***Full** Legal Name \_\_\_\_\_

\*Maiden Name \_\_\_\_\_

\*Former Married Names \_\_\_\_\_

\*Aliases \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Ethnicity

- Caucasian
- Hispanic
- Black

- Native American
- Asian
- Other \_\_\_\_\_

Gender: Male  Female

\*Current Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone \_\_\_\_\_

\*List All Addresses for the past ten (10) years

\_\_\_\_\_  
\_\_\_\_\_

"Voluntarily" List Names of Your Children (This information assures accuracy of the screen)

\_\_\_\_\_  
\_\_\_\_\_

In the course of my duties, I will have unsupervised access to

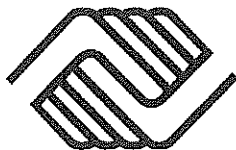
Children \_\_\_\_\_ Adults \_\_\_\_\_ Both Children and Adults \_\_\_\_\_

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services. If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. \_\_\_\_\_

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**BOYS & GIRLS CLUB  
OF CHEYENNE**

The Boys & Girls Club of Cheyenne conducts background checks for screening of criminal convictions based on Boys & Girls Clubs of America and governmental agency guidelines.

I am authorizing the Boys & Girls Club of Cheyenne to conduct my background check.

Printed Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under age 18, Printed Name of parent or guardian: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_