



VOLUNTEER ENROLLMENT FORM

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ ALIAS/MAIDEN NAME: _____

HOME ADDRESS: _____ DATE OF BIRTH: _____

COUNTY: _____ CITY, STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____
How would you prefer to receive our quarterly newsletter? Email Mailed to your home address

FEMALE MALE ETHNICITY: _____ SOCIAL SECURITY #: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED OR SEPARATED

EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

CITY, STATE: _____ ZIP: _____ WK PH: _____

May we contact you at work? NO YES WORK HOURS: _____ How long employed? _____

Valid Driver's license? NO YES State Issued: _____ DL #: _____ EXP: _____

Possession of a driver's license is not a requirement for participation in our programs but is required if you will be transporting youth in any vehicle you are operating. Proof of auto insurance is also required for transporting youth.

Have you ever lived outside the state of WI? NO YES If yes, where & when? _____

Have you ever had any involvement with the law, including traffic violations? NO YES

If yes, please explain. _____

Have you ever applied to be a Big Brother or Big Sister? NO YES

If yes, where & when? _____

Have you previously been a Big Brother or Big Sister? NO YES

If yes, where & when? _____

Please list any youth organizations you have worked for or been involved with as a volunteer along with any contact information you may have for the organization (Supervisor's name, Organization's address and telephone number, etc.): _____

How did you hear about our Big Brothers Big Sisters Program? _____



REFERENCE FORM

Please list three references of people who can attest to your maturity, sense of responsibility and sensitivity. Your references should include: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1st Reference (current or past employer)

NAME: _____ RELATIONSHIP TO YOU: _____

DAYTIME PHONE #: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

2nd Reference (co-worker, friend or neighbor who has known you for at least 2 years)

NAME: _____ RELATIONSHIP TO YOU: _____

DAYTIME PHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

3rd Reference (close family member, spouse/domestic partner, friend or neighbor who has known you for at least 3 years)

NAME: _____ RELATIONSHIP TO YOU: _____

DAYTIME PHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

With the completion of this application and my signature below, I understand that:

- 1.) *The references I listed may be contacted by mail, telephone or email.*
- 2.) *I am in no way obligated to perform any volunteer services.*
- 3.) *The information I provided may be used to conduct a background check, to include driving records check, criminal background check and any other records where required by local, state, or federal law for volunteers working with youth.*
- 4.) *The BBBS agency is not obligated to match you with a youth.*
- 5.) *All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the client or volunteers.*
- 6.) *As part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignment. The agency respects the confidentiality of client and volunteer records and, with the exception of our limits of confidentiality, shares information about clients and volunteers only among the agency professional staff. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer. If you would like to see a copy of our BBBS agency's complete Confidentiality Policy(including our Limits of Confidentiality), please contact our office.*
- 7.) *I hereby grant Big Brothers/Big Sisters of Rock, Walworth and Jefferson Counties the right to reproduce and publish my photograph and name for publicity purposes. I hereby waive any claim in connection with these photographs.*

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

1. Which do you enjoy more?

- Indoor Activities Outdoor Activities No Preference

2. Would you describe yourself as a person who enjoys:

- Watching events or activities Actively participating in activities Both

3. In identifying a youth for you to work with, are there any special considerations you want us to know about?

- No Yes (If yes, we will have you discuss during the in-person interview)

4. Do you have any guns or ammunition in your house?

- No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)

5. Would you be able to secure any youth inappropriate viewing materials in your home? This would include television channels and Internet access.

- No Yes (If not, we will have you discuss during the in-person interview)

6. Do you have any pets?

- No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)

7. Are you experiencing any medical problems/issues that could affect a match of which we need to be aware?

- No Yes (If yes, we will have you discuss during the in-person interview)

8. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so, please explain.

- No Yes (If yes, we will have you discuss during the in-person interview)

9. Do you speak any foreign languages?

- No Ys If yes what language? _____

10. Who else lives in your household with you? (Please list first and last names and list their relationship to you) Thank you!

Before we continue with your application process, is there anything else you'd like to tell us about yourself or any questions you may have of me?

Signature: _____ Date: _____



VOLUNTEER PREFERENCE SHEET

In order for us to be able to match you with a child most suited to your preferences, we ask that you thoroughly complete this form. Your preferences will be discussed with you during your Home Visit and Interview.

1. **AGE:** (Age range is 6-14. Please give specific age group and reason for your choice.)

2. **RELIGION:** (Please state your preference and reasons why)

3. **RACE:** (Please state your preference and reasons why)

4. **BEHAVIOR OF CHILD:** (Aggressive, active, passive, easy-going, etc.)

5. **INTELLIGENCE:** (Under-achiever, over-achiever, slow learner, etc.)

6. **ACTIVITY LEVEL:** (Outdoorsy, sports-oriented, active, passive, studious, etc.)

7. **GEOGRAPHIC LOCATION:** (Preferred city / cities or areas)

8. **What type of activities would you like to share with a child?**

9. **Mention any concerns you may have.**

Signature: _____

Date: _____