



For agency use only:  
 Govt. ID: \_\_\_\_\_  
 DMV Lic.: \_\_\_\_\_  
 Auto Ins.: \_\_\_\_\_  
 CB  SB  SB+  HS Big

**Big Brothers Big Sisters of Rock, Walworth & Jefferson Counties**

**VOLUNTEER APPLICATION**

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to [AGENCY E-MAIL] or hand deliver or mail to [AGENCY ADDRESS].

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (if not used as your government-issued photo ID), and proof of auto-insurance, if you are applying for the Community Base program. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

**GENERAL INFORMATION**

First Name:		Middle Name:		Last Name:		Preferred Name :	
Home Phone #: ( )		Work Phone #: ( )		Cell Phone #: ( )		Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone Provider:	
Home Address:			City:		County:	State:	Zip:
Personal E-mail:		Work E-mail:		How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)			
Social Security Number:				Gender:		Marital Status:	
Date of Birth:						Maiden Name:	
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other							
Nationality/Country of Origin:							
Occupation:				How Long Employed?		Work Hours?	

Highest Level of Education:	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:
Area of Study:	
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service:
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	

**Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.**

Do you have a current and valid driver's license?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #:  Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else? Yes No

If yes, What Organization,

When and where:

Contact Information/Name/Phone/Address/Email:

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No

If yes, What Organization,

When and where:

Contact Information/Name/Phone/Address/Email:

Have you ever been involved with or volunteered for another youth organization? Yes No

If yes, What Organization,

When and where:

Contact Information/Name/Phone/Address/Email

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization? Yes No

If yes, What Organization,

When and where:

Contact Information/Name/Phone/Address/Email

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission? Yes No

If yes, please check all interests that apply.

Becoming a donor

Helping to recruit volunteers

Volunteering at agency events for matches, Littles, waiting-list children, etc.

Volunteering at agency fundraising events

Inviting BBBS to speak at a company, church, organization, or other group of which I am a member

Photographer (at events)

Office Help (putting together mailing, filing, etc.)

Other

**REFERENCE INFORMATION**

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

<b>Spouse/Partner's name:</b>		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Employer or Co-worker</b> (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Friend, Neighbor, or other personal reference:</b>				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		

*In addition to the references above, Big Brothers Big Sisters requires references from allyouth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.*

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		

Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

***Please read the following carefully before signing this application:***

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

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

***If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:***

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEERPRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

Name: \_\_\_\_\_

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?  
 Yes  No
2. Do you anticipate any significant life changes over the next year or had any this past year?  
 Yes  No

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?  
 Yes  No
4. Have you had any driving citations and/or moving violations in the past 5 years?  
 Yes  No
5. Do you have guns, ammunition, or other weapons in your house?  
 Yes  No
6. Are you experiencing any physical or mental health issues?  
 Yes  No
7. Do you speak any foreign languages?  
 Yes  No
8. Is there anything else you'd like to tell us about yourself or any questions that you have?
9. Are there other people living in your household?  
Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

10. Please list any counties and states, countries that you have lived in aside from your current address in the past 5 years.

I have answered these questions honestly and completely to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date