



VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to _____ or mail to ***Big Brothers Big Sisters of South Central Wisconsin:***

Jefferson, Rock and Walworth Counties
P.O. Box 655
Delavan, WI 53115

Dodge County
415 S. Eighth St.
Watertown, WI 53094

Along with this application, you will need to submit a copy of a government-issued photo ID, or a copy of 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 Based 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	
Home Address:	City:	County:	State:	Zip:
Personal Email:	Work Email:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)		
Social Security Number:		Gender:	Relationship Status:	
Date of Birth:			Maiden Name:	
Race/Ethnicity (Check all that apply):				
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chamorro <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Hispanic - Cuban <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hispanic-Mexican, Mexican American, Chicano <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic-Other Latinx or Spanish origin <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Hispanic - Puerto Rican <input type="checkbox"/> Other _____ <input type="checkbox"/> Japanese				
Nationality/Country of Origin:				



Employer:		Occupation:	
Work Address:		Length of Employment:	Work Hours: Is it ok to call at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education:		Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Area of Study:		If yes, please name school:	
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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Emergency Contacts (please list three individuals that may be reached on your behalf in an emergency):

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



REFERENCE INFORMATION *ALL 3 REFERENCES MUST BE COMPLETED BEFORE BBBSCW CAN MOVE FORWARD WITH YOUR APPLICATION*

Please list information for at least three references, these references must include:

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
3. A friend or neighbor you have known for at least two years.

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



In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past 5 years. 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 will be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history, 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, other than being a Big Brother/ Big Sister;
- 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, BBBSSCW is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered will 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, should be reported to BBBSSCW;
- 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, **this is important for a quality match.**

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 of South Central Wisconsin.

I certify that all information I have provided or will provide to Big Brothers Big Sisters of South Central Wisconsin, 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 of South Central Wisconsin. 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 BBBSSCW program, I agree to immediately inform my BBBSSCW contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBSSCW staff needs to be fully informed to provide the best guidance or support possible.

Signature: _____ Date: _____

If applicant is under the age of 18 and not in High School, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:

Parent/Guardian Name: _____

Signature: _____ Date: _____



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.**

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
 No Yes
2. Do you anticipate any significant life changes over the next year or had any this past year? If yes, please provide a description.
 No Yes, _____
3. Are you experiencing any physical or mental health issues? If yes, please provide a description.
 No Yes, _____
4. Have you ever been accused, arrested, charged, or convicted of a crime? If yes, please provide a description.
 No Yes, _____
5. Have you had any driving citations and/or moving violations in the past 5 years? If yes, please provide a description.
 No Yes, _____
6. Do you have guns, ammunition, or other weapons in your house? If yes, please describe the safety precautions in place to protect children (i.e. gun safety).
 No Yes, _____
7. Do you hold a concealed carry license?
 No Yes
8. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and internet access.
 No Yes
9. Do you have any pets? If yes, indicate the type(s) of pet(s) and indicate any history of aggression (biting, etc.).
 No Yes, _____
10. Do you speak any foreign languages? If yes, specify languages(s).
 No Yes, _____
11. Do you have available transportation? If yes, please describe your mode of transportation (e.g. I own a vehicle, etc.)
 No Yes, _____
12. How long have you lived in the area? _____



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

Address: _____

Address: _____

Address: _____

Address: _____

14. Who else lives in your household with you? (Please list first and last names, age, and relationship to you)

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

15. Would you describe yourself as someone who enjoys:

- Watching events or activities
 Actively participating in activities
 Both

16. Which do you enjoy more?

- Indoor Activities
 Outdoor Activities
 No Preference

17. In identifying a youth for you to work with, are there any special considerations you want us to know about? If yes, please provide a description.

- No Yes, _____

18. Is there anything else you would like to tell us about yourself or any questions that you have?

19. Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission?

- No Yes

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)
- Other