

HIGH SCHOOL 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 <u>Big Brothers Big Sisters of South Central Wisconsin</u>:

Jefferson, Rock and Walworth Counties

P.O. Box 655

Delavan, WI 53115

Delavan, 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

irst Name: Middle Name:		Last Name:					Preferred Name:			
Home Phone #:	#: Work Phone #:		Cell Phone #:			Is it okay to text you? ☐Yes ☐No				
Home Address:		Ci	ity:	cy: County:				Stat	e:	Zip:
Personal Email: Work Email:			nail:	How do you prefer (Phone, e-mail, tim						
Date of Birth:			Gende	Gender:			Social Security Number			
Race/Ethnicity (Check all	that app	y):								
☐American Indian or Alaska Native					□Korean					
☐Asian Indian					□Middle Ea	as	tern or North African			
☐Black or African American				□Native Hawaiian						
□Chamorro				☐Other Asian						
□Chinese			☐Other Pacific Islander							
□Filipino				□Samoan						
☐Hispanic - Cuban				□Vietnamese						
☐Hispanic-Mexican, Mexican American, Chicano					☐White or Caucasian					
☐Hispanic-Other Latinx or Spanish origin				☐Prefer not to say						
☐Hispanic - Puerto Rican					□Other					
☐Japanese Nationality/Country of Original Control Control Nationality/Country of Original Control Nationality/Count	gin:									
wationality/Country of Off	RIII.									



Employer:		Occupation:				
Work Address:		Employment:		Work Hours: Is it ok to call at work? ☐ Yes ☐ No		
Highest Level of Education:			Name of School:			
Area of Study:						
Possession of a driver's la you are operating.	icense is re	quired if you	u will be trai	nsporting (a program youth in any vehicle	
Do you have a current and valid driver's license? ☐ Yes ☐ No	have a current If yes, state of issue and id driver's license?			Do you have valid insurance that meets or		
Li les Li No	Expiration	date:		exceeds state required minimum? □ Yes □ No		
Emergency Contacts (plea	se list thre	e individual	s that may b	e reached	on your behalf in an emergency):	
		Relationship:			Phone:	
Name:		Relationship:			Phone:	
Name: Relati			p:		Phone:	



REFERENCE INFORMATION *ALL 3 REFERENCES MUST BE COMPLETED BEORE BBBSSCW CAN MOVE FORWARD WITH YOUR APPLICATION*

Please list information for <u>at least three</u> references, these references must include:

- 1. A family member
- 2. Current or former employer or co-worker you have known for at least one year, or someone from your school
- 3. A friend or neighbor you have known for at least two years.

Family Member:					Relations	ship:		
Address:		City:		State	e:	Zip:		
Day Phone #:	Day Phone #: Cell #:			Email:				
Employer, Co-worker (current or past) or school personnel:								
Address:		City:		State:		Zip:		
Day Phone #:	Cell #:	Email:						
Friend, Neighbor, or other perso				Relation	nship:			
Address:		City:		State	e:	Zip:		
Day Phone #:	Cell #:		Email:					



In addition to the references above, Big Brothers Big Sisters requires references from all <u>youth serving organizations</u> 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/employme	Dates of involvement/employment:							
Reason for leaving:	Reason for leaving:							
Organization name:			Direct supervis	or:				
Address:		City:			State:	Zip:		
Day Phone #:	Cell #:			Email:				
Dates of involvement/employment:								
Reason for leaving:								
Organization name:			Direct supervis	or:				
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;
- 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, co-signature of criminal history record check information:	f a parent/guardian is required for application and to obtain
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 l	have any concerns about your ability to fulfill the 12-month commitment required of mentors?
	\square No	□Yes
2.	Do you a	anticipate any significant life changes over the next year or had any this past year? If yes, please provide a ion.
	□No	□ Yes,
3.	Are you	experiencing any physical or mental health issues? If yes, please provide a description.
	□ No	□ Yes,
4.	Have yo	u ever been accused, arrested, charged, or convicted of a crime? If yes, please provide a description.
	□ No	□ Yes,
5.	Have yo	u had any driving citations and/or moving violations in the past 5 years? If yes, please provide a description.
	□ No	□ Yes,
6.	•	have guns, ammunition, or other weapons in your house? If yes, please describe the safety precautions in protect children (i.e. gun safety).
	□ No	□ Yes,
7.	Do you l	hold a concealed carry license?
	□ No	□ Yes
8.		you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your This would include television channels and internet access.
	□ No	□ Yes
9.	Do you l	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 s	speak any foreign languages? If yes, specify languages(s).
	□No	□ Yes,
11.	Do you l	have available transportation? If yes, please describe your mode of transportation (e.g. I own a vehicle, etc.)
	□ No	□ Yes,
12.	How lon	g have you lived in the area?



13.	Please list any counties, states, and coupears.	untries that you have lived in a	side from your current address in the past 5							
	Address:									
	Address:									
	Address:									
	Address:									
14.	Who else lives in your household with	you? (Please list first and last i	names, age, and relationship to you)							
	Name:	Age:	Relationship:							
	Name:	Age:	Relationship:							
	Name:	Age:	Relationship							
	Name:	Age:	Relationship:							
15.	Would you describe yourself as someo	ne who enjoys:								
	☐ Watching events or activities	☐ Actively participating in a	activities Both							
16.	Which do you enjoy more?									
	☐ Indoor Activities	☐ Outdoor Activities	☐ No Preference							
17.	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.	.8. 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 ac	dditional ways to contribute to	the Big Brothers Big Sisters mission?							
	□ No □ Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	If yes, please check all interests tha ☐ Becoming a donor ☐ Helping to recruit volunteers ☐ Volunteering at agency events ☐ Volunteering at agency fundra ☐ Inviting BBBS to speak at a cor	s for matches, Littles, waiting-laising events	ist children, etc. or other group of which I am a member							
	☐ Photographer (at events)☐ Other									