



Thank you for making the commitment to become a mentor and to change the lives of children in your community. Please take the time to fill out the form and turn it into the school office. If you have any questions, feel free to call our office at 608-325-7855.  
 Thanks again! School-Based Mentoring Manager

## High School Student Volunteer Enrollment Form

**OFFICE USE ONLY**

Date of Inquiry: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

References Returned:  1  2 Background Checks:  CCAP  Sex Offender Registry (If applicant is 18 years of age)

Date of Match: \_\_\_\_\_ Little's Name: \_\_\_\_\_

First Name:	Middle Name:	Last Name:	Preferred Name:
Home Address:		City:	State: WI
Home Phone:	Cell Phone:	Gender	Ethnicity:
Date of Birth (mm/dd/yyyy)	Year in School (circle 1): <b>9 10 11 12</b>	School (circle one): <b>Albany Brodhead NG Monticello Monroe Juda</b>	Your Employer:
Email Address:		Best time to call: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Anytime	
Have you ever applied before (or have been) to be a Big Brother of Big Sister? <b>Yes No</b>	If Yes, Where and When?	Name of the little you worked with:	

**Emergency information:**

**Please explain any allergies (seasonal, food, medical), medical conditions, or medication.** Indicate any information useful to the Big Brothers Big Sisters staff member or EMS personnel, if an incident were to occur in relation to any of these health conditions.

**Emergency Contacts: Parents &/or Guardian Information (First person called in an emergency)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact Information (Called if person listed above is unavailable)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Big Brothers Big Sisters of Green County may use my photograph and name for promotional purposes.**    **Yes**       **No**

I understand that:

- 1) The references I provide 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 criminal background check, and other records where required by local, state, or federal law for volunteers over the age of 17 working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and,
- 5) As part of our enrollment processes, during an interview you will be asked to provide additional personal information before making any recommendations for assignment.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If under the age of 18, please have a parent/legal guardian read and sign below:***

I, \_\_\_\_\_ give permission for my son/daughter, \_\_\_\_\_ to volunteer as a High School Big Brother or Big Sister. **I understand that the minimum time he/she will be volunteering is one school year. He/she will meet once a week with an elementary school student as laid out in the schedule provided.** I understand that his/her involvement in the Big Brothers Big Sisters program will be under the guidance of Big Brothers Big Sisters of Green County Staff. The match will not meet outside the supervised school setting. **Transportation home after the program is the responsibility of the parent and the high school student.** I feel this is a good opportunity for my son/daughter, fully support, and recommend his/her involvement with the program. Please accept this permission form as a positive reference for my son/daughter to participate in this program.

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

### **Interview Questions:**

#### School Information:

1. What subjects do you currently find most interesting?
2. What are your plans/career goals for after high school?

#### Family & Friend Relationships

1. Who are the most significant people in your life?
2. Tell me a little about your family.

3. How do resolve tensions &/or problems with friends or family?

4. How have they responded to you wanting to be a mentor?

Leisure Time:

1. How do you spend your leisure time?

2. What interest(s) would you like to share with a child in the school-based environment?

Experience with Children:

1. Have you worked with children before? Ages? Length of time?

2. Tell me about those experiences.

3. Why do you want to be a mentor?

4. Are there any ages, interest, or personality traits that you would like us to consider when matching you (i.e. active, talkative, quiet, independent, calm)?

5. What activities do you see you and your little doing together?

6. Females, would you consider a cross gender match?

**Yes**

**No**

Personal Information:

Would you describe yourself as a person who enjoys?

Watching events or activities

Actively participating in activities

Both

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

Are you experiencing any physical/mental health problems/issues that could affect a match?

Yes  No

Have you ever been charged with or convicted of a crime?  Yes  No

Do you speak any other languages?  Yes  No

Do you have any experience with Children?  Yes  No

