

For agency use only:	
Govt. ID:	
DMV Lic.:	
Auto Ins.:	
□ CB □LB □SB	

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to *kboll@bbbsgreencounty.org* or hand deliver or mail to *1505 9th Street, Monroe, WI 53566*.

Along with this application, you will need to submit a copy of a government-issued photo ID or driver's license and proof of auto-insurance, if you plan to transport a child within 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			Preferre	red Name :		
Home Phone #:	Work Phone #:	Cell Phone #:			Is it okay to text		you? Yes No	
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	er:	G	ender:			Marital	Status:	
Date of Birth:				If applicable, maiden na			able, maiden name:	
Race/Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White				neck all tha an Indian or A r African Am ic or Latino Hawaiian or I	Alaska Nativ erican			
Occupation:		How	Long	Employed	?	Work H	ours?	
Highest Level of Education:			Are you a student at this time? Yes No If yes, please name school:					
Area of Study:								
Do you have current or past military experience?				es No Dates of Service:				
Branch: Air Force Army Marine Corps Navy Coast Guard								
Component: ☐ Active ☐ National Guard ☐ Reserve				Are you retired?				

If retired, separated, or discharged, please check the character of separation/discharge: Honorable General (under honorable conditions) Under Other than Honorable Conditions Bad Conduct 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?	If yes, state of issue and #:	Do you have a vehicle? ☐Yes ☐No				
□Yes □No	Expiration date:	Do you have valid insurance that meets or exceeds state required minimum? Yes No				
Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else? Yes No If yes, when and where?						
Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? □Yes □No If yes, when and where?						
Have you ever been involved with or volunteered for another youth organization? If yes, when and where?						
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, when and where?						
If yes, when and where? Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission? 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						

REFERENCE INFORMATION

Spouse/Partner's name:

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

Family member name (if no spouse/partner):

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

Address:		City:		State	:	Zip:
Day Phone #:	Cell #:	I	Email:			<u>I</u>
Employer or Co-worke	r (current or past)	or school person	nel (if you are	a student):		
Address:		City:		State	:	Zip:
Day Phone #:	Cell #:	I	Email:	Email:		l
Friend, Neighbor, or of	her personal refe	rence:				
Address:		City:		State	:	Zip:
Day Phone #:	Cell #:		Email:			
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at which you have worked Organization name: Address:	Cell #:	in the past. Plea	sor:	nal on sepa	rate pag	
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Organization name: Address: Day Phone #: Dates of involvement/em Reason for leaving: Organization name: Address:	Cell #: Cell #:	Direct supervi	sor: Email:	State:	Zip:	

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, 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	Date			
If applicant is under the age of 18, co-scriminal history record check informati	ignature of a parent/guardian is required on:	for application and to obtain			
Parent/Guardian Name:	Signature:	Date			

VOLUNTEER PRE-INTERVEW 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? \[\subsection \textbf{Yes} \subsection \textbf{No} \]						
2.	Do you anticipate any significant life changes over the next year or had any this past year? $\square \mathbf{Yes} \square \mathbf{No}$						
	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 you Provide name, age, relationship to y						
	Name:	Age:	Relationship:				
	Name:	Age:	Relationship:				
	Name:	Age:	Relationship:				
	Name:	Age:	Relationship:				
	Please list any counties and states the	·	in aside from your current address in the past 5 years. e best of my knowledge.				
Signatu	re Da	te					