



VOLUNTEER APPLICATION

For agency use only:
 Govt. ID: _____
 DMV Lic.: _____
 Auto Ins.: _____
 CB SB SB+ HS Big COFIT BIB

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to **bbbs.info@bbbscentralcarolinas.org** or fax to **704-910-5633**; or hand deliver or mail to **3801 E. Independence Blvd, Charlotte, NC.**

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license OR government-issued photo ID, proof of auto-insurance (if you plan to transport a child within the community-based program) and complete a background check. 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 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:			If applicable, 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"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> White <input type="checkbox"/> <i>Hispanic or Latino</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Other</i>					
Nationality/Country of Origin:					
Faith Affiliation:					
Occupation:		How Long Employed?	Work Hours?		
Employer:					
Highest Level of Education:			Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			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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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? Yes No
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?

Which program are you interested in participating in? Please check below:

Community-based **School-based** **COFIT** **Bigs In Blue**

If School-based, in which school are you interested in serving? Please check below:

Schools

- | | |
|---|---|
| <input type="checkbox"/> Cornelius Elementary (CMS) | <input type="checkbox"/> Wolf Meadow (Cabarrus Co.) |
| <input type="checkbox"/> Nations Ford (CMS) | <input type="checkbox"/> Royal Oaks (Cabarrus Co.) |
| <input type="checkbox"/> Reid Park (CMS) | <input type="checkbox"/> Forest Park (Cabarrus Co.) |
| <input type="checkbox"/> Harding High School (CMS) | |

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.

Spouse/Partner's name:		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Co-worker/Friend (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:				
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 directly with youth in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:		
Address (if known):		City:	State:	Zip:
Day Phone #:	Contact #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address (if known):		City:	State:	Zip:
Day Phone #:	Contact #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address (if known):		City:	State:	Zip:
Day Phone #:	Contact #:	Email:		

VOLUNTEER AGREEMENT

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) For purposes of program evaluation, audit, or accreditation, and with the prior approval of the board of Directors, certain outside bodies such as BBBS of America may have access to records.
- 11) 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.*).
- 12) 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 _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer with Big Brothers Big Sisters of Central Carolinas, I understand that I may become aware of certain confidential information which includes, but is not limited to:

- All medical and personal information concerning Littles and their families
- Information regarding the provision of services

- It is expected that I will keep such information in the strictest confidence.
- I understand that this confidentiality agreement will be kept on record at Big Brothers Big Sisters of Central Carolinas.
- I understand that written authorization shall be obtained only by a staff member from the Little's Parent/Guardian before any information can be disclosed to another individual, organization or program.
- I understand that any information that is shared will be done so only with the permission of the Little's Parent/Guardian and only when appropriate to serving the best interest of the Little.

I have read, understand and agree to abide by the above policy both during and after my volunteer tenure with Big Brothers Big Sisters of Central Carolinas.

Printed name of volunteer _____

Signature of volunteer _____

Date _____

VOLUNTEER PUBLICITY CONSENT FORM

I do hereby authorize Big Brothers Big Sisters of Central Carolinas to use my image and voice, including photos and videos, for publicity purposes to promote the Big Brothers Big Sisters of Central Carolinas program. The images/voices may be used in various promotional materials (such as our website), news media publicity, Facebook, and Twitter.

It is my understanding that first names, images/voices may be used by BBSCC corporate partners.

I agree that there will be no compensation whatsoever for this participation or for the use of resulting materials by Big Brothers Big Sisters.

Big Brothers Big Sisters of Central Carolinas unconditionally releases me from all liabilities or claims that may result from the existence and use of any such materials.

Printed name _____

Signature _____

Date _____

First and last names may be used (please check if consent given)

I do not consent to the use of my name, image or voice.

Signature _____

Date _____

VOLUNTEER PRE-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. Do you have any pets?
Yes No If yes, please describe _____

- 9. Would you be able to secure and make unavailable any youth inappropriate viewing materials in your home?
Yes No

- 10. Why do you want to become a volunteer with Big Brothers Big Sisters?

- 11. What interests about working with children?

- 12. Is there anything else you'd like to tell us about yourself or any questions that you have?

- 13. 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:

- 14. Please list any counties and states 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



Big Brothers Big Sisters Preferences

Name _____ Date _____

Potential Little Potential Volunteer

Please check areas of interest and activities that you would enjoy.

Sports

- _____ Boating
- _____ Swimming
- _____ Soccer
- _____ Football
- _____ Softball
- _____ Baseball
- _____ Basketball
- _____ Volleyball
- _____ Tennis
- _____ Track Meets
- _____ Golf
- _____ Cheerleading
- _____ Wrestling
- _____ Racquetball
- _____ Bowling
- _____ Ping Pong
- _____ Bicycling
- _____ Badminton
- _____ Skating
- _____ Weight Lifting
- _____ Horseback riding
- _____ Auto Racing
- _____ Kites
- _____ Gymnastics

Science & Mechanics

- _____ Auto Mechanics
 - _____ Electronics
 - _____ Space Science
 - _____ Blogging
- ### Arts & Crafts
- _____ Drawing
 - _____ Painting
 - _____ Sewing
 - _____ Cooking
 - _____ Ceramics
 - _____ Photography
 - _____ Band
 - _____ Singing
 - _____ Acting
 - _____ Dancing
 - _____ Watching Live Theater
 - _____ Woodwork
 - _____ Model Cars
 - _____ Model Boats
 - _____ Model Airplanes
 - _____ Anime
 - _____ DIY
 - _____ Legos

Reading

- _____ Comic Books
- _____ Newspapers
- _____ Books

Games

- _____ Card Games
- _____ Checkers
- _____ Chess
- _____ Dominoes
- _____ Board Games
- _____ Video Games

Outdoor Life

- _____ Animals
- _____ Gardening
- _____ Star Gazing
- _____ Camping
- _____ Fishing
- _____ Hiking

What do you enjoy more? Watching activities Doing activities Both

What do you enjoy more? Being outdoors Being indoors Both

Do you feel you would be successful with a talkative or quiet Little? _____

Anything else you would like us to consider? _____
