



Big Brothers Big Sisters of Decatur County

VOLUNTEER APPLICATION

General Information *(to check boxes, double-click box and select "checked" from dialogue window)*

Name (First, Middle, Last):		Preferred Name/Nickname:
Gender:	Date of Birth:	Occupation:
Phone Number:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the best time to contact you?
Address:	City, State, ZIP Code:	Email:
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		<input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> <i>Hispanic or Latino</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i>
Social Security Number:		Driver's License Expiration Date:
Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have vehicle insurance that meets or exceeds state requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Service: _____
Driver's License Number:		Vehicle Insurance Policy Number: Social Media Sites?

Personal References

Please provide 4 references in the following categories:

- FAMILY:** Please list your spouse/significant other. If not applicable, please include another close family member.
- WORK:** Current or former employer/ co-worker you have known for at least one year. If you are a student, please include a teacher or staff member.
- FRIEND:** A friend or neighbor you have known for at least two years.
- YOUTH ORGANIZATION:** Please include a contact for a youth organization you have been involved with in the past. If not applicable, please include another friend you've known for at least 2 years.

Name:	Phone Number:	Mailing Address or Email Address:
1.		
2.		
3.		
4.		

Informing your references that BBBS will be contacting them typically speeds up the application process.

I consent to and understand that:

- 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.

I give permission for Big Brothers Big Sisters of Rush County to use my picture and name for publicity.

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 _____