

Big Brothers Big Sisters of the Southern Adirondacks

For agency use only:

Govt. ID: _____

DMV Lic.: _____

Auto Ins.: _____

CB SB SB+ HS Big

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister.

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (*if not used as your government-issued photo ID*), 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:	Preferred Name :		
Home Phone #:	Work Phone #:	Cell Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone Provider:		
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"/> American Indian or Alaska Native			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian			
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Black or African American			
<input type="checkbox"/> White		<input type="checkbox"/> Hispanic or Latino			
		<input type="checkbox"/> Native Hawaiian or Pacific Islander			
		<input type="checkbox"/> White			
		<input type="checkbox"/> Other			
Nationality/Country of Origin:					
Occupation:		How Long Employed?		Work Hours?	
Highest Level of Education:		Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:			
Area of Study:					
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:		Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)?			
<input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve					

	<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?

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission? Yes No

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

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:	
Employer or Co-worker (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 in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			
Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving?			
Organization name:		Direct supervisor:	
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 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) 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 _____

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 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. 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 your household?
 Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

10. 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

[Agency may wish to insert other policy notices or release here, e.g., confidentiality policy, photo/video release form]



BIG BROTHERS BIG SISTERS

GENERAL RELEASE AND AUTHORIZATION

As a participating “Big” in the Big Brothers Big Sisters program, I consent to the use, reproduction and/or sale by Big Brothers Big Sisters of the Southern Adirondacks, Inc. and/or its Agents of any of the following Media:

- 1) Photographs of myself;
- 2) Interviews of myself, including quotes;
- 3) Voice recordings of myself; and
- 4) Video tapings of myself.

For purposes of this Release, Agents of Big Brothers Big Sisters of the Southern Adirondacks, Inc. shall include all employees, volunteers, independent contractors and/or consultants of Big Brothers Big Sisters of the Southern Adirondacks, Inc. or any other person or entity undertaking advertisement and/or marketing activities on behalf of, for the benefit of and/or at the direction of Big Brothers Big Sisters of the Southern Adirondacks, Inc.

I understand and agree that my name may or may not appear in any advertisement, display, product, image or exhibit derived from or arising out of the above Media and I hereby consent to such use, reproduction and/or sale whether accompanied or unaccompanied by reference to me or my identity. I further authorize that such use, reproduction and/or sale may occur absent any compensation whatsoever being paid to me and may occur without any further notice.

I hereby waive any personal or proprietary rights I may otherwise have in connection with the use, reproduction and/or sale of part of all of the above Media and release Big Brothers Big Sisters of the Southern Adirondacks, Inc. and its Agents from any and all liability that could otherwise result from such proprietary rights.

This General Release and Authorization shall remain in effect and may continue to be relied upon by Big Brothers Big Sisters of the Southern Adirondacks, Inc. indefinitely. However, only that Media obtained during the undersigned’s participation with this organization shall be subject to the terms of this agreement.

No part of this release compels the undersigned to provide any of the above Media to Big Brothers Big Sisters of the Southern Adirondacks, Inc.

Name _____

Signature _____ Date: _____

Witness Signature _____ Date: _____

Confidentiality Policy Form

Access to Confidential Records

In order for Big Brothers Big Sisters of the Southern Adirondacks, Inc to provide a responsible and professional service to clients, it is necessary for volunteers, clients and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of clients and volunteer records, and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of any client or volunteer's name in agency publications.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. In order to provide a service, which is in the best interest of the children served by the program, information from outside sources, including confidential references, must be assessed along with the information gained from the clients or volunteers themselves. Records are not available for review by the clients or volunteers. Clients and volunteers shall be provided, at the time of application, a copy of this statement on confidentiality along with the exceptions that define the limits of confidentiality. Clients and volunteers shall sign a statement that he/she has to read and understand the agency policy on confidentiality and agree to program participation under the guidelines it sets forth.

Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "Consent to Release Information" form appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.
3. For purposes of program evaluation, audit or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as the Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to use the information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.

4. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such a review, and the period of time during which access shall be granted. The member shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approval action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.

5. *Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.*

6. Information shall be provided to an agency legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information and law protects its confidentiality.

7. State law mandates that suspected child abuse be reported to the appropriate authorities (designated state agency). All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.

8. If any agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself, or to others, necessary steps may be taken to protect the appropriate person. This may include a medical referral or a report to local law enforcement authorities.

I have read and understand the above document which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

I agree to keep information discussed with me regarding a potential (Big Brother/Sister, Little Brother/Sister) match confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brother Big Sister agency.

Dated: ____/____/____
_____ Volunteer Signature

ACTIVITIES AND INTERESTS FORM

- | | | |
|-----------------|------------------|--------------|
| Roller-blading | Roller-skating | |
| Animals, zoo | Shopping | |
| Arcade games | Geocaching | Sledding |
| Arts & crafts | Hay rides | Soccer |
| Astronomy | Softball | Ballet |
| Hiking | Hockey | Swimming |
| Baseball | Horseback riding | Tennis |
| Basketball | Ice-skating | TV |
| Bike Riding | Kite flying | Video Games |
| Board games | Malls | Volunteering |
| Boating | Mini golf | |
| Libraries | Movies | |
| Bowling | Museums | |
| Building Models | Music | |
| Camping | Outdoors | |
| Computers | Painting | |
| Concerts | Parks/picnics | |
| Cooking | Pets | |
| Festivals | Photography | |
| Drawing | Playing Cards | |
| Dress Up | Pottery | |
| Fishing | Restaurants | |
| Football | | |
| Frisbee | | |

FAVORITE INTERESTS: _____
