

# Big Brothers Big Sisters of the Southern Adirondacks

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 Phone: (518)798-1010; Fax: (518) 798-1517  
 Serving Warren, Washington and Saratoga Counties



## VOLUNTEER ENROLLMENT APPLICATION

How were you referred to Big Brother Big Sisters?

Have you ever applied to be a Big Brother or Big Sister? If yes, when/where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? When/Where?

Last Name:		MI:	Maiden Name:		Nickname:
Current Address:		City:	State: NY	Zip Code:	County:
E-mail Address:		Cell Phone:	Work Phone:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living w/Significant Other <input type="checkbox"/> Domestic Partner				How long have you lived in NY? Years      Months	
Social Security Number:		Race:	Ethnicity:	Gender:	
Employer: <input type="checkbox"/> N/A		Occupation:		Employed for: Years                  Months	
School: <input type="checkbox"/> N/A		Work and/or School Hours:		Can We Contact You at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer or School Street Address:		City:		State:	Zip Code:
Driver's License Number: <input type="checkbox"/> N/A		State issued:	Exp. date:	Primary means of transportation?	
Auto Insurance Company:			Policy Number:		
Education: <input type="checkbox"/> Did not graduate High School <input type="checkbox"/> H.S. <input type="checkbox"/> Graduate <input type="checkbox"/> Vo-Tech <input type="checkbox"/> Some College <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Higher			Do you speak another language fluently? <input type="checkbox"/> No <input type="checkbox"/> Yes, Languages Spoken:		

### **BACKGROUND/FAMILY INFORMATION:**

*Please list information about all others currently living in your household over 18 years of age.*

Name	Date of Birth	Relationship

Have you ever been accused, arrested, charged, or convicted of a crime? No Yes, please explain  
 (Be very thorough here, no matter how long ago, even if expunged- including your juvenile record):

**REFERENCES:** Please supply the name and contact information for references that have known you for at least **one year**. Please **substitute** appropriately if self-employed or in school.

<b>Spouse/Domestic Partner/Significant Other</b> (If applicable):		<b>Length of Relationship:</b>	
Phone Number:		E-mail address:	
<b>Family Member:</b>		<b>Length of Relationship:</b>	
Phone Number:		E-mail address:	
<b>Friend:</b>		<b>Length of Relationship:</b>	
Phone Number:		E-mail address:	
<b>Current or Former Supervisor or Co-worker:</b>		<b>Length of Relationship:</b>	
Phone Number:		E-mail address:	

Please list below ALL youth serving organizations that you have volunteered/worked for in the past. I give permission for Big Brothers Big Sisters to contact the following organizations that I volunteered/worked for in the past. I confirm all information is accurate and ready to be processed.

**YOUTH SERVING ORGANIZATION**

<b>Agency Name</b>	<b>Contact Name</b>	<b>Phone Number</b>	<b>Date of volunteering/employment</b>

**STATEMENT OF UNDERSTANDING AND AUTHORIZATION**

Children and volunteers are not excluded from eligibility for our programs based on race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status or disability. Big Brothers Big Sisters of the Southern Adirondacks does not discriminate in any way. However, the desires of the child’s parent or guardian are respected in the selection of an appropriate adult mentor for their child. The agency will share any information relevant to the match with the parent or guardian, while withholding the volunteer’s name until the physical match is made. Any party has the right to refuse to enter the match based upon information communicated by the agency staff.

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 understand that:**

- 1) The references and youth servicing-organization I listed may be contacted by telephone, e-mail, or mail, and I will ask them to cooperate;
- 2) This application in no way obligates me to volunteer;
- 3) The information I provided about myself and household members will be used to conduct a background check, to include a search of public domain records, driving records, juvenile and adult criminal history check, military records, and other records required by local, state, or federal law and our agency for volunteers working with youth; certain programs require fingerprinting
- 4) BBBS is not obligated to match me with a youth, and should the agency decide not to match me with a child, the reasons will not be disclosed to me; and
- 5) As a part of BBBS' enrollment processes, I may be asked to provide additional personal information prior to a recommendation for a match. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 6) 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*);
- 7) 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.*).
- 8) I agree to timely communication and follow-up with all agency staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

## **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: \_\_\_\_\_

**To be a volunteer mentor with Big Brothers Big Sisters of the Southern Adirondacks programs, participants must:**

- *Be at least 18 years of age*
- *Must be a resident within our service area for a minimum of 3 months;*
- *Have regular access to an automobile, current automobile insurance, an acceptable driving record, and a valid driver's license, and not have been convicted of a DUI within the past five years;*
- *Pass a Level-2 background screening; and no disqualifying criminal history;*
- *Must not be involved in any illegal activity, including drug use; all felony convictions must be disclosed prior to acceptance; misdemeanor convictions will be considered on a case-by-case basis.*
- Do you have any concerns about your ability to fulfill the 12-month commitment?  No  Yes, please explain:
- Required to use their personal vehicles to provide transportation during outings with their mentees and they are not compensated for travel costs. If applying to be a community-based mentor, are you comfortable with using your personal vehicle for transportation during outings.  Yes  No, please explain:
- Do you have children living at home?  No  Yes, how will they feel about you spending one-to-one time with another child?
- Do you have guns, ammunition, or other weapons in your house?  No  Yes
- Have you ever been accused, arrested, charged, or convicted of a crime?  No  Yes, please explain:
- Are you experiencing any physical or mental health issues?  No  Yes, please explain:

**Have you had any of the following life changes in the past year, or do you expect any of the following life changes within the next year?**

Life Changes*	Yes	No
Marriage, Divorce or Separation from Spouse/Significant Other	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy or Adoption or Fostering a Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>
Change in Health of Family Member that you care for	<input type="checkbox"/>	<input type="checkbox"/>
Gain of a Family Member that you care for	<input type="checkbox"/>	<input type="checkbox"/>
Child Leaving Home	<input type="checkbox"/>	<input type="checkbox"/>

Personal Injury or Illness	<input type="checkbox"/>	<input type="checkbox"/>
Death of Spouse, Significant Other, or Other Family Member	<input type="checkbox"/>	<input type="checkbox"/>
Change in Residence in Last 6 Months	<input type="checkbox"/>	<input type="checkbox"/>
Moved more than once in the last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Change in Employment/Retirement	<input type="checkbox"/>	<input type="checkbox"/>
Anticipating Promotion / Possible Relocation / Looking for a New Job	<input type="checkbox"/>	<input type="checkbox"/>
Change in Responsibilities at Work	<input type="checkbox"/>	<input type="checkbox"/>
Change in Work Schedule/Hours	<input type="checkbox"/>	<input type="checkbox"/>
Hold more than one job	<input type="checkbox"/>	<input type="checkbox"/>
Not available on weekends	<input type="checkbox"/>	<input type="checkbox"/>
About to Begin or End School	<input type="checkbox"/>	<input type="checkbox"/>

**\*All life changes will be discussed during the interview.**

**Referral:** We're always looking for volunteers! Do you have any friends or family members that you'd like to refer to us? We'd be happy to reach out!

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

I have answered these questions honestly and completely to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date