

Big Brothers Big Sisters of the Southern Adirondacks

Email: info@BBSSADK.org

Phone: (518)798-1010; Fax: (518) 798-1517

Serving Warren, Washington and Saratoga Counties



VOLUNTEER ENROLLMENT 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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	
Date of Birth:							
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"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Other							
Nationality/Country of Origin:							
Occupation:				How Long Employed?		Work Hours?	
Education: <input type="checkbox"/> Did not graduate HS <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College <input type="checkbox"/> AA/AS <input type="checkbox"/> BS/BS <input type="checkbox"/> Higher				Are you a student currently? <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?

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

Additional Information you would like to share:

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:			

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: _____

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:

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]