



VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer mentor. Please submit completed application via email to **info@bbbssadk.org**, hand deliver, or mail to **1 Lawrence Street, Suite 1B, Glens Falls, NY 12801**.

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, gender identity, religion or national origin.

GENERAL INFORMATION

First Name:		Middle Name:		Last Name:	
Personal Pronouns: Examples include: she/her, he/him, they/them, xe/xem, ve/ver			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/Gender Identity:		Marital Status:	
Date of Birth:				If applicable, maiden name:	
<p>Race/Ethnicity:</p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Write in _____ <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 Latinx <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 Latinx <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Write in _____					
<p>Languages Spoken: Nationality/Country of Origin: Tribal Affiliation:</p>					

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Occupation:		Emergency Contact:	
Employer:		Length of Employment:	Work Hours:
Highest Level of Education:		Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Area of Study:		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 with any agency in the past?
 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?



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4. Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or other youth-serving organization?

Yes No

If yes, when and where?

5. 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/partner) 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.

Reference Name:		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Reference Name:		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Reference Name:		Relationship to Applicant:		
Address:		City:	State:	Zip:

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Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
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:			



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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.
 - a. I understand that detailed accounts of child abuse or neglect, past or present, will be reported to proper authorities;
 - b. 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*);



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- 8) 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.*).
- 9) I agree to complete questionnaires throughout my time in the program to evaluate and improve program services;
- 10) I agree to timely communication and follow-up with all agency staff as required by the agency.

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, accurate, 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 in 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 matters. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Volunteer Printed Name: _____

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 Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

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Prior to your in-person interview, please answer the questions below. 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 1-year** commitment required of mentors?

Yes No

2. Do you anticipate any significant life changes over the next year or have you had any this past year?

Yes No

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?

Yes No

Please describe:

4. Have you had any driving citations and/or moving violations in the past five years?

Yes No

Please describe:

5. Do you have guns, ammunition, or other weapons in your house?

Yes No

Please describe:

6. What languages do you speak fluently?

7. Please list any counties and states that you have lived in aside from your current address in the past five years.

8. Please provide the name, age, and relationship to you for anyone else residing in your home.



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

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

Printed Name: _____

Signature

Date

CONSENT AND RELEASE FORM

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I, _____, irrevocably consent to any and all uses and displays of my name, image, likeness, appearance, basic biographical information, audio/video recordings, writings, artwork, and the like, in original form or in modified form, in whole or in part, in, on, or in connection with merchandise, advertising, publicity, marketing, fundraising, and the like, in printed or electronic media, of any type, throughout the world at any time by Big Brothers Big Sisters of America and Big Brothers Big Sisters of the Southern Adirondacks in their sole discretion, successors, partners, sponsors, donors, any entities or persons with whom they conduct any public relations, marketing, or fund raising of any type, and any other authorized third parties, without further consent from me, without any royalty, payment, or other compensation to me, and with the release and waiver of any claims, actions, damages, losses, costs, expenses and liability of any kind arising from any such use (the "Released Material").

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSSADK the right to use the Released Material as BBBSSADK, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSSADK.

I further grant to BBBSSADK and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSSADK that use the Released Materials are the property of and are owned by BBBSSADK, and that I cannot authorize their use by any other party. I further understand that BBBSSADK may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSSADK my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSSADK, and that BBBSSADK has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSSADK editing, alteration or use of the Released Materials. BBBSSADK has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSSADK, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSSADK's exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.

SIGNATURE: _____ DATE: _____

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PRINTED NAME: _____

ADDRESS: _____ CITY: STATE: ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____