



# Big Brothers Big Sisters of Greater Los Angeles

## Big Brother/Big Sister Application

Please note that all information received is **confidential** and becomes the property of Big Brothers Big Sisters of Greater Los Angeles. Big Brothers Big Sisters does not discriminate on the basis of race, ethnicity, sexual orientation, religion, or physical ability.

Date:     /     /

First:		Middle:		Last:		Maiden/Alias:	
DOB:	Age:	Gender:	Marital Status:	Ethnicity/Nationality:			
Referral Source : <input type="checkbox"/> BBBS Staff _____ <input type="checkbox"/> BBBS Recruiter <input type="checkbox"/> Special Event _____ <input type="checkbox"/> Neighbor/Friend <input type="checkbox"/> Media (please specify) _____ <input type="checkbox"/> Other Big (please name) _____ <input type="checkbox"/> Other (please specify) _____							
Primary Address (No PO Box):				City:	State:	Zip:	
Secondary Address(Mailing):				City:	State:	Zip:	
Phone#:	Cell:	Work:	Best Time to Call: <input type="checkbox"/> Day <input type="checkbox"/> Evening				
Primary Email:				Secondary Email:			
Do you speak Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No    Any other language(s) you speak: _____ If yes, how much Spanish would you say you speak or understand? _____							
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student							
Occupation:		Level of Education:		Years Completed/Graduated:			
Employers Name:				Employment Length:		Work Hours:	
Employer Address:				City:	State:	Zip:	
Driver's License `s #:	State:	Exp. Date:		Social Security#			

### Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

### Which program are you interested in? Please Check One:

- Community Based Program:** Take my Little out twice a month for 3-5 hours each time on the weekends and evenings.
- School Based Program:** Meet with my Little at the school once a week for 1 hour during lunch.
- Work Place Mentoring:** Meet with my Little for two hours up to twice a month at the corporate office (For a list of Corporate partners please contact BBBSLA).



Please reenter your Name: \_\_\_\_\_

Why do you want to become a Big? \_\_\_\_\_

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## Pre-interview Questionnaire

**Prior to your in-person interview, we would like you to 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 programs.**

1. Have you ever been convicted of a felony or misdemeanor? **No Yes**  
If yes, please explain: \_\_\_\_\_
2. Do you anticipate any significant life changes over the next year or have you had any in the past year?  
(Example: Moving, New job, Starting School, Getting Married)  
**No Yes** If yes, please explain: \_\_\_\_\_
3. Have you had any driving citations and/or moving violations in the past 3 years? **No Yes**  
If yes, please explain: \_\_\_\_\_
4. What is the extent of your use of drugs? \_\_\_\_\_  
\_\_\_\_\_
5. What type of a young person would you prefer to have as a Little and why? \_\_\_\_\_  
\_\_\_\_\_
6. Do you have fears or concerns about becoming a Big? **No Yes**  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Are you experiencing any physical or mental health problems? **No Yes**  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any firearms or ammunition in your house? **No Yes**  
If yes, please explain: \_\_\_\_\_
9. What are your 3 greatest strengths? \_\_\_\_\_



## Big Interests

*Please note that we encourage Bigs to choose low cost or no cost activities on their outings with their Little.*

What are your 3 favorite activities?

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Do you have pet(s)?  **No**  **Yes** If so, what kind? \_\_\_\_\_

What do you like to read? \_\_\_\_\_

What are some favorite T.V. programs? \_\_\_\_\_

Do you play a musical instrument?  **No**  **Yes** If so, what? \_\_\_\_\_

## References

Please fill in the contact information for each of your references completely, and inform them that Big Brothers Big Sisters will be contacting him or her shortly. Please ask him or her to respond within two weeks of the day of your interview.

<b>Reference #1: If married or living with a domestic partner please provide him/her as your first reference, if not married or living with a domestic partner please provide a family member as your first reference.</b>		
1) Name:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:
<b>Reference #2: A Close Friend or Family Member who has known you for at least 2 years and seen you around a child.</b>		
2) Name:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:
<b>Reference #3: A Work or School reference who has known you for at least 1 year and seen you around a child.</b>		
3) Name:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:
<b>Reference #4: A Close Friend or Family Member who has known you for at least 1 year and seen you around a child.</b>		
4) Name:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:



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of Greater Los Angeles

## Previous Youth Experience

Have you worked with "at risk" youth before? If yes, please provide contact information for all organizations you have worked/volunteered for within the last 5 years. If more space is needed please use an additional sheet of paper.

<b>Organization:</b>		
Name of contact Person:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:
<b>Organization:</b>		
Name of contact Person:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:
<b>Organization:</b>		
Name of contact Person:		Relationship:
Home or Cell Phone (best # to call):	Alternate Phone #:	Email:

*\*Only sign if you have listed previous youth experience contacts*

## **Authorization for Past Volunteer Experience**

In order for Big Brothers Big Sisters of Greater Los Angeles to provide a service that is in the best interest of the children served by the program, information from outside resources, including previous youth experience references, must be assessed. For this reason, it is necessary for the agency to contact any organization that the potential volunteer has worked/volunteered with in the last 5 years. By signing below you understand and authorize named organization(s) or people to mutually share the requested information with Big Brothers Big Sisters of Greater Los Angeles. Furthermore, any information provided by the organization will be considered confidential and will not be shared with the applicant.

I, \_\_\_\_\_, authorize the above named organization(s) or people to mutually  
Potential Volunteers Name  
 share the requested information with Big Brothers Big Sisters of Greater Los Angeles.

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

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



**Big Brothers Big Sisters**  
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By signing this application, you are confirming the following:

- I am at least 18 years old
- I am willing to make a minimum of a one year commitment to the program, and am interested in forming a long term relationship with a child.
- I have a safe driving record (no DUI's in the past three (3) years; no more than two moving violations within the past year).
- I possess a valid driver's license, current car insurance, and a car.
- No illegal drug use.
- I have never been convicted of a felony.
- I understand that Big Brothers Big Sisters is not obligated to match me with a youth, and that at this time I am not committing to perform any volunteer services.
- I understand that all applicants are expected to make a \$25 donation along with the application (this fee is waived for sponsored site based program participants). This fee covers the cost of screening me as a potential Big.
- I affirm that all information provided by me to Big Brothers Big Sisters is true and accurate.
- I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of the facts called for is cause for dismissal. I further authorize the use of the information provided to conduct a DMV check, criminal background check, and other records where required by local, state, or federal law for individuals working with youth.
- I understand that my eligibility and acceptance as a volunteer is at the discretion of BBBS and my file can be closed at any time. Furthermore, I understand that to preserve confidentiality the reasons for closure cannot be disclosed at any time.

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

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

**Office use only:**  
Date of interview: \_\_\_\_\_

Scheduled by: \_\_\_\_\_