



Big Brothers Big Sisters
of the Triangle

808 Aviation Parkway, Suite 900
Morrisville, NC 27604
T: (919) 850-9772 F: (919) 850-9774
www.bbbstriangle.org

For agency use only:

Govt. ID: _____

DMV Lic.: _____

Auto Ins.: _____

CB SB

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to info@bbbsstri.org, fax to (919) 850-9772 or mail to address listed above.

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: If applicable, maiden name:	
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"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> White <input type="checkbox"/> <i>Hispanic or Latino</i> <input type="checkbox"/> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <input type="checkbox"/> <i>Other</i>							
Nationality/Country of Origin:							
Occupation:				How Long Employed?		Work Hours?	
Employer/Company Name:							

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: <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

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):
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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, 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.

Consent to Release Media Footage (please check one):

I hereby grant permission to recognized broadcast media and to Big Brothers Big Sisters to record footage of me. I understand this footage may be aired during upcoming newscasts and/or used for recruitment purposes for Big Brothers Big Sisters.

I DO NOT grant permission to recognized broadcast media and to Big Brothers Big Sisters to record footage of me.

Consent to Release Photographs(please check one):

I hereby grant permission to Big Brothers Big Sisters to use photographs of me. I understand this footage may be used in printed materials (e.g. brochures, newspapers) and/or on Big Brothers Big Sisters websites, or otherwise used for recruitment purposes for Big Brothers Big Sisters

I DO NOT grant permission to Big Brothers Big Sisters to use photographs of me.

Signature _____ Date _____