



For agency use only: Govt. ID: _____ DMV Lic.: _____ Auto Ins.: _____ <input type="checkbox"/> CB <input type="checkbox"/> SB
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**VOLUNTEER APPLICATION**

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to [info@bbssc.org](mailto:info@bbssc.org), fax to **920.458.0161** or mail/deliver to **2020 Erie Avenue, Sheboygan, WI 53081**.

A copy of a government-issued photo ID, as well as your driver’s license (*if not used as your photo ID*), and proof of auto-insurance, will be taken at the time of your interview. 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		
Home Address:	City:	State:	Zip:	Date of Birth:	
If less than 6 months at address, please provide previous address:	City:	State:	Zip:	Marital Status:  Gender:	
Personal E-mail:	Work E-mail:	Preferred contact? (Phone, e-mail, time of day, etc.)			
Race/Ethnicity: (Check all that apply.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Nationality and/or Country of Origin:		Religious Preference:  Sexual Orientation: <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Transgender	
Occupation/Employer:	How Long Employed?	Work Hours?			
If less than 6 months at employer, please provide previous employer:	How long Employed?				
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 separated/discharged (other than retired)?	
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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 valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a vehicle? <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 in the past five (5) years?  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?

What service or social groups do you belong to?

What experiences have you had with children?

What motivated you to participate in the Big Brothers Big Sisters program?

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 a teacher/guidance counselor from your school if you are a student; AND
3. A friend or neighbor you have known for at least 2years

<b>Spouse/Partner's name:</b>		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone # REQUIRED:	Cell #:	Email:		
<b>Employer or Co-worker</b> (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Friend, Neighbor, or other personal reference (NOT a family member):</b>				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Friend, Neighbor, or other personal reference (NOT a family member):</b>				
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 5 years. 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:	Address:	City:
Day Phone #:	Cell #:	Day Phone #:		
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. I understand that BBBS is an affiliate of Big Brothers Big Sisters of America (BBBSA); therefore, by authorizing this information exchange, I understand BBBSA staff could also have access and review my information.

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.

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

## VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

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. Are you experiencing any physical or mental health issues? Yes No
2. Have you ever been physically or sexually harmed? Yes No
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. Have any complaints been filed against you with professional or licensing agencies? Yes No
6. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?  
Yes No
7. Do you anticipate any significant life changes over the next year or had any this past year? Yes No  
Please describe:
8. Do you have guns, ammunition, or other weapons in your house? Yes No  
If yes, how are they stored?
9. Are you currently using any controlled substances that were not prescribed? Yes No
10. Have you ever had a sexual encounter with a child? Yes No
11. Have you ever been sexually interested in a child? Yes No
12. Is there anything else you'd like to tell us about yourself or any questions that you have?
13. Are there other people living in your household? Provide name, age, relationship to you.

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

14. 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

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Having made an application to become a volunteer with Big Brothers Big Sisters of Sheboygan County, Inc. (BBBS) and desiring BBBS to be informed as to my past record and character, I hereby give my consent for this information exchange. I understand that BBBS is an affiliate of Big Brothers Big Sisters of America (BBBSA), therefore, by authorizing this exchange, I understand BBBSA staff could also have access and review my information. I authorize BBBS to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release all persons and/or concerns from any damages because of furnishing this information.

I WAIVE ALL LIABILITY AGAINST THOSE PARTIES PROVIDING INFORMATION AND AGREE THAT I WILL NOT INITIATE ANY LEGAL ACTIONS (including but not limited to libel, slander, or defamation) IN RESPONSE TO INFORMATION PROVIDED REGARDLESS OF CIRCUMSTANCES OF THE INFORMATION PROVIDED.

I understand that contacts may be made with any, or all, of the following: employers (past or present), courts, law enforcement agencies, social service agencies, physicians, counselors, and any other persons or agencies with whom I have had contact.

Further, I give my consent to a continued authorization to BBBS to investigate my record and authorize continued contacts with, and requests for reports from any employer, court, law enforcement agency, physician, counselor or any other person or agency I have contact with during the tenure of my association as a volunteer with BBBS.

This authorization shall expire upon written notification by me or by termination of services by either me or BBBS.

*(Please type or clearly print the following information)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If applicable, Previous Names (Maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
month            day            year

Social Security Number: \_\_\_\_\_  
*Required to do back ground checks, but will be kept confidential)*

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