



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 ***bigs@bigsofcentralmo.org***, by fax to 573-874-3670, or by mail to ***4250 E Broadway, Suite 1067, Columbia, MO 65201***.

You will need to submit a copy of your driver's license 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

Preferred Name:		First Name:		Last 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:	Zip:	County:	
Preferred E-mail:			Best time to contact you and preferred method (phone, email, etc)?		
Race/Ethnicity: <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 <input type="checkbox"/> Multi Racial (check all that apply)		Gender:	Preferred Pronouns: (i.e. he, she, they, zi)		
		Social Security Number:			
		Date of Birth:			
		Marital Status: Maiden Name if applicable:			
Nationality/Country of Origin:					
Occupation:		How Long Employed?		Work Hours?	
Highest Level of Education: Area of Study:			Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:		
How did you hear about Big Brothers Big Sisters?					

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 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?

REFERENCE INFORMATION

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:				

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 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.

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 _____

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



VOLUNTEER AUTHORIZATION AND RELEASE

Please initial each space to signify that you agree to the following and sign your name/date at the bottom of the page.

_____ I give my permission to BBBS to use my name, photographs, or match information to be used internally or externally for publicity purposes.

_____ I agree to refrain from initiating any claim, demand or cause of action for damages, costs or loss of service, or compensation which may occur during BBBS activities. I will not hold BBBS responsible for incidents that might happen during match activities.

_____ I understand that BBBS insurance does not cover the use of firearms, and that firearms are not to be used in any BBBS activities.

_____ I will report to the case manager any new household mates, safety issues or concerns that I have or know about, either through home visits or information provided by the child or family.

For Site and School-Based Only:

_____ I understand that in the School and Site Based programs there should be **NO** contact outside of at the agency that I am engaging in mentoring.

Volunteer Signature _____

Date _____

PLEASE TURN OVER

CONFIDENTIALITY AGREEMENT

Big Brothers Big Sisters (BBBS) of Central Missouri respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the professional staff of the Agency.

All records are considered the property of the Agency and not of the Agency staff, clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non-BBBS organizations only with the consent of the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteers request otherwise.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies, such as Big Brothers Big Sisters of America, may have access to client and volunteer records.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
5. Information shall only be provided to law enforcement officials or the courts pursuant with a valid and enforceable subpoena.
6. State law mandates that suspected child abuse be reported to the appropriate authorities (Children's Services).
7. If an Agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.
8. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, sex, race, religion, interests, hobbies, marital status, family status, sexual orientation, living situation, etc. Information about the child may include such items as: age, sex, race, religion, interests, hobbies, family situation, etc.

I agree to program participation under the above conditions.

Signature

Date

Pre-Interview Questions

Prior to your in-person interview, **please answer the questions below**. Information you give will help us make a better match for you and assure that we can support you during your involvement with our program.

Name: _____

Site Location Preference, if applicable: _____

Day of the week/time available to volunteer: _____

Do you have personal transportation available?

No Yes

In identifying a youth for you to work with, are there any special considerations you want us to know about?

No Yes

Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?

No Yes

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

No Yes

Have you ever been through counseling or support groups?

No Yes

Have you ever been arrested?

No Yes

Would you be willing to work with a child who has experienced physical, emotional, or sexual abuse?

No Yes

Would you be willing to work with a child who has a parent incarcerated (in prison)?

No Yes

Do you anticipate any changes in residence status in the next year?

No Yes

Do you speak any foreign languages?

No Yes

Do we have permission to release information to a potential match parent?

No Yes

Is there anything else you would like to tell us about yourself or questions you may have?

I certify that all of the above information and all additional information that I will provide to BBBS staff is true and accurate to the best of my knowledge. I understand that BBBS maintains confidentiality and that my information will be shared with the parent(s) of any potential child I would be matched with.

Signature **Date**