



# VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to [abechtel@bbbs-sjc.org](mailto:abechtel@bbbs-sjc.org). Or by mail to PO Box 194 Niles, MI 49120

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, religion or national origin.

<b>GENERAL INFORMATION</b>					Community <input type="checkbox"/> School Mentor <input type="checkbox"/>	
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:	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 Identity:		
Date of Birth:				Preferred Pronouns:		
Ethnicity/Nationality:				Sexual Orientation:		
Relationship/Marital Status: (If applicable, maiden last name)						
Occupation:						
Employer:			How Long Employed?		Work Hours?	
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.*

<p>Do you have a current and valid driver's license?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, state of issue and #:</p> <p>Expiration date:</p>	<p>Do you have a vehicle?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have valid insurance that meets or exceeds state required minimum?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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1. 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?
2. Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big?
 

Yes  No

If yes, when and where?
3. Have you ever been involved with or volunteered for another youth organization?
 

Yes  No

If yes, when and where?
4. 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

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.

<b>Spouse/Partner's name:</b>		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	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:</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. Please list additional on separate page, if needed. If we are unable to contact these references, it will not disqualify you from the program.*

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 Southern Lake Michigan Region.

I certify that all information I have provided or will provide to Big Brothers Big Sisters Southern Lake Michigan Region, 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 Southern Lake Michigan Region. 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:** \_\_\_\_\_

## Promotional Consent

I, \_\_\_\_\_ hereby give my permission for Big Brothers Big Sisters of Lower West Michigan, Inc. to use the following information: Name (First and last name), Photograph(s), Non-Confidential Information in regards to me. That information shall be used Big Brothers Big Sisters Southern Lake Michigan Region, their nominees and designees, from any obligation or liability otherwise owed to me in connection with any personal or proprietary right I may have as a result of the sale, reproduction, or use of the above referenced identifying information.

I may terminate this consent in writing at any time. In the event that I do not exercise my right to terminate this consent, it shall automatically expire upon the termination of my current involvement with Big Brothers Big Sisters Southern Lake Michigan Region.

**Please Select One:**

I give promotional consent: \_\_\_\_\_  
*Signature of Volunteer* *Date*

I decline promotional consent: \_\_\_\_\_  
*Signature of Volunteer* *Date*

**OR,**

**I give permission for a match picture ONLY (A copy would be provided to the Big, Little and for the BBBS record).**

\_\_\_\_\_  
*Signature of Volunteer* *Date*

## VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. *Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.*

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?  
 Yes  No
  
2. Do you anticipate any significant life changes over the next year or had any this past year? (*i.e. study abroad or service programs that will take you out of area*)  
 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 5 years?  
 Yes  No  
Please describe:
  
5. Do you have guns, ammunition, or other weapons in your house?  
 Yes  No  
Are they secure and where?
  
6. Are you experiencing any physical or mental health issues? Are you seeking counseling or physical therapy?  
 Yes  No
  
7. Please **circle** all the counties you would consider volunteering in.  
Indiana: St. Joseph La Porte Lake Marshall Porter Jasper Starke  
Michigan: St. Joseph Berrien Cass
  
8. How many miles would you be willing to travel to meet with a little?
  
9. Is there anything else you'd like to tell us about yourself or any questions that you have?

10. Are there other people living in your household? Provide name, age, and relationship to you.

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

11. 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:** \_\_\_\_\_