



**Big Brothers Big Sisters**  
of Northwestern Wisconsin

Main Office: 312 S. Barstow Street Suite S1  
Eau Claire, WI 54701  
Phone: (715) 835-0161 (800) 648-1696 Fax: (715) 835-2636  
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**VOLUNTEER APPLICATION**

First Name:	Middle Name:	Last Name:	Date of Birth:	
Home Address:	City:	County:	State:	Zip:
Email:	Home Ph #:	Work Ph #:	FAX:	
Male Female	Social Security #:	Employer:		
Address:	City:	State:	Zip:	
Occupation:	Ethnicity:			
Can We Contact You At Work: ____ Yes ____ No	Work Hours:	How Long Employed:		
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.				
Do you have a driver's license? ____ Yes ____ No	If yes, state of issue and #		Expiration date:	

**REFERENCES**

We are in need of three personal references from you. In order to process your application, we will need all three references completely filled out, and we will contact each one of them.

Please type or print information requested for three references:

- 1) Your current or past employer who has known you for at least 1 year, if a university student a professor or advisor is sufficient.
- 2) A co-worker, friend, or neighbor who has known you for at least 2 years.
- 3) A close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):		Supervisor's Name (or teacher/professor if a student):		
Address:	City:	State:	Zip:	
Day Phone #:	Fax #:	Email:		
2. Coworker or Friend or Neighbor:				
Address:	City:	State:	Zip:	
Day Phone #:	Fax #:	Email:		
3. Spouse/Domestic Partner/Friend/Neighbor:				
Address:	City:	State:	Zip:	
Day Phone #:	Fax #:	Email:		
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No		Where and When:		

What, if any, other youth organizations have you worked for or been involved with as a volunteer? Please fill out all the information to the best of your ability.

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Involvement: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Involvement: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Involvement: \_\_\_\_\_

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am not obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and,
- 5) As part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*You will also be required to provide us with a Copy of your Driver's License and Auto Insurance Card. Please send it with your application, or give it to the Enrollment Specialist at your Volunteer Interview.**

## VOLUNTEER AGREEMENT

Big Brothers Big Sisters of Northwestern Wisconsin is a nonprofit organization whose mission is to place caring adults in the lives of children. While the program is an interfaith and inter-racial one, the desires of the child's parent or guardian are respected in the selection of the appropriate adult for each child.

In determining whether an applicant may be considered for a match and what information shall be communicated to each party involved, consideration must be given to those past and present factors of the health, personality, and behavior of each individual and/or family constellation which professional agency personnel deem, under the circumstances, may have a significant effect upon the relationship. Relevant information shall be provided; however, the name or names of the parties described shall be held confidential before a match is made. Any party has the right to refuse to enter into the match based upon the information so communicated.

The information provided to the parent/guardian of a potential match assignment shall include the following: age, race, religion, sexual orientation, marital status and/or current living situation, a summary of the volunteer's family background, current home life, a description of the home setting, a summary of the volunteer's employment history, hobbies and interests, and an assessment of the volunteer's strengths and limitations as they relate to program participation. Parents/Guardians are encouraged to visit a volunteer's home prior to accepting a potential volunteer applicant. Ultimately, it is the parent and child's decision to accept a potential volunteer for a match with a child.

I acknowledge and agree that (1) I am not obligated, if called upon, to perform the volunteer services herein applied for and the agency is not obligated to assign me a Little Brother/Little Sister, and (2) as a part of the agency's selection process, police records and employment will be checked by professional agency personnel. I certify by my signature below that all of the information given in this application is true and accurate to the best of my knowledge, and I further authorize Big Brothers Big Sisters of Northwestern Wisconsin to use proper channels to verify the same. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the agency's exclusion of the applicant/volunteer from further consideration for a match, or if the applicant/volunteer has already been matched, termination of the match.

I give my permission for my picture to be taken for the promotion of the Big Brothers Big Sisters program and utilized for public relations purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE SIGNED PRIOR TO COMPLETION OF A VOLUNTEER APPLICANT'S ENROLLMENT IN BIG BROTHERS BIG SISTERS OF NORTHWESTERN WISCONSIN'S SCHOOL-BASED, SITE-BASED OR COMMUNITY-BASED MENTORING PROGRAMS.**

## CONSENT TO CONDUCT BACKGROUND CHECKS

Big Brothers Big Sisters is concerned for the safety, well-being, and moral development of children in the program. We want to protect them and get the best possible role models. Some police records may not be detrimental, however, some may indicate a poor risk for helping a child. <b>Please list all residents from current back for the last 7 years.</b> The information you provide will be used to conduct a criminal records background check through various local, state, and national databases.					
<b>First Name:</b>	<b>Middle Name:</b> <hr/>	<b>Last Name:</b>	<b>Date of Birth:</b>		
	<b>Previous Last Names:</b> <hr/>				
<b>Current Home Address:</b>		City:	County:	State:	Zip:
From:		To:			
<b>Most Previous Home Address:</b>		City:	County:	State:	Zip:
From:		To:			
<b>2<sup>nd</sup> Most Previous Home Address:</b>		City:	County:	State:	Zip:
From:		To:			
<b>3<sup>rd</sup> Most Previous Home Address:</b>		City:	County:	State:	Zip:
From:		To:			
<b>Social Security Number:</b>					
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.					
Do you have a driver's license? _____ Yes      _____ No		If yes, state of issue and #		Expiration date:	

Have your driving privileges ever been suspended or revoked? No      Yes

If yes, please explain the offense and length of suspension or revocation:

Have you ever been arrested, charged, or convicted for a misdemeanor or felony? No      Yes

If yes, list below the offense, dates, jurisdiction location, and disposition:

I hereby authorize a complete police check of me, including juvenile records, and give my consent for any and all information to be released to Big Brothers Big Sisters of Northwestern Wisconsin, Inc. I understand that this information will be kept confidential.

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

If under the age of 18, signature of a parent/guardian is required.

Parent/Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

### FOR POLICE USE ONLY

Police Record (Please Check one):       NO       YES (Please Attach)

Police Officer's Signature: \_\_\_\_\_

Police Location: \_\_\_\_\_