



VOLUNTEER APPLICATION

Big Brothers Big Sisters of the Brazos Valley asks volunteers applying to the program for a donation of \$25 to support the costs of volunteer screening and training.

Name (First, Middle, Last): _____

Date of Birth: _____ Social Security #: _____ Gender: _____

Ethnicity/Race: Black American Indian Asian White Hispanic Nat.Hawaii/Pacific Islander
 Multiracial (please specify) _____

Marital Status: Single Married Divorced Widowed Separated Living w/Significant Other Domestic Partner
 Driver's License or State ID #: _____ State Issued: _____ Exp. Date _____

Do you have vehicle insurance? Yes No

Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail address: Primary: _____ Secondary: _____

Have you ever been involved with BBBS before? Yes No If yes, how? Big Little Parent

Referred by: TV Radio Relative Special Event Neighbor/Friend Other Big Local Website National Website
 Corporate Partner BBBS Board/Staff Member College Partner General Knowledge
 Faith Organization Fraternity/Sorority Other: _____

Employer: _____ Occupation: _____

Employer Address, City, State, Zip: _____

May we contact you at work? Yes No Work hours: _____ Length of Employment: _____

Education Level: Less than High School High School Some College Associate's Degree Bachelor's Degree
 Master's Degree Professional Degree

Are you bilingual? Yes No If so, what language? _____

Are you in the military? Yes No Formerly

Branch: _____ Duty Station: _____ Rank: _____

Have you ever been arrested OR convicted? Yes No

Are you currently charged with a felony or misdemeanor, including deferred adjudication? Yes No

Have you ever been or are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly or the disabled?
 Yes No

If you answered "yes" to any of the last three questions, please list details, including the degree, city, state, and county of the event.

Do you have any communicable diseases? Yes No

If yes, please describe: _____

Do you anticipate any major life changes in the next 6 months, such as moving, marriage, job changes, or pregnancy?

References:

1) Spouse/Domestic Partner OR an adult living in your home: _____

Daytime Phone Number: _____ Email: _____

2) Youth Serving Reference, *IF Volunteered with youth in the last 5 years:* _____

Daytime Phone Number: _____ Email: _____

3) Other Adult: _____

Daytime Phone Number: _____ Email: _____

4) Other Adult: _____

Daytime Phone Number: _____ Email: _____

I will notify my references and confirm completion of said reference(s) to Big Brothers Big Sisters of South Texas

CONFIDENTIALITY WAIVER: I understand that all information collected by Big Brothers Big Sisters as a result of my application to the program will be held in the strictest of confidence. All information obtained by Big Brothers Big Sisters shall be deemed to be its sole property and shall not be available to me or anyone outside the Agency, excepting parents of prospective Little Brothers or Little Sisters during the matching process, unless written authorization for the disclosure of information has been obtained from me.

I am aware that Big Brothers Big Sisters staff will disclose personal information about me to the parent(s) of the youth with whom I will be matched. This information will include my name, address, employer, occupation, age, race, gender, marital status religious preferences, communicable diseases, sexual orientation, and criminal background. By signing below I do hereby knowingly and voluntarily consent to this disclosure.

Big Brothers Big Sisters may also disclose to other agencies and organizations that utilize volunteers, the fact that I applied for and/or served as a Big Brother or Big Sister volunteer.

Signature: _____ Date: _____

CRIMINAL BACKGROUND CHECK CONSENT: I agree to inform Big Brothers Big Sisters if I am named in complaints or indictments or convictions of a felony or a misdemeanor, including deferred adjudication. I also agree to inform Big Brothers Big Sisters if I am investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled. I hereby authorize the Agency to run criminal and/or child abuse history checks on me according to their discretion any time during my participation in the Big Brothers Big Sisters Program.

Signature: _____ Date: _____

DRIVER'S LICENSE & AUTO INSURANCE AGREEMENT: I agree to maintain a valid driver's license and auto liability insurance while I am matched with a child in the Big Brothers Big Sisters Program.

Signature: _____ Date: _____

I understand and agree that I am not obligated if called upon, to perform services of a Big Brother or Big Sister and that Big Brothers Big Sisters is not obligated to assign, or actively seek to assign, a child to me.

Signature: _____ Date: _____



Volunteer Match Preferences

Name of Volunteer: _____ **Date:** _____

After School Mentor _____ **OR** **Community Base Mentor** _____

PLEASE READ THIS PARAGRAPH CAREFULLY: We consider many factors when matching you. Research tells us that when volunteers share more information with us about their preferences, we can make stronger, happier, longer lasting matches. Please provide as much info as possible. All of your responses are confidential. We may not always choose a child with exactly the preferences you share, but we will take it all into consideration. We ask for the same information on preferences from parents and youth.

In a few words, please describe the child/teenager you'd like to be matched with. You can include things like age, race, gender, interests, hobbies, risk factors you think you can help with, geographic location and any other things you think of. We will discuss your preferences in the interview.

Which choices in the following categories should we prioritize when finding a match for you?
(CIRCLE ALL THAT APPLY)

AGE: 6-8 8-10 10-12 12-14 15-17

RACE/ETHNICITY Hispanic African American White Asian Multiracial Other

GEOGRAPHIC LOCATION: Bryan College Station I will drive anywhere

What kinds of things do you like to do for fun that you would want to do with your Little?

Please describe any involvement you've had with children or teenagers as either a volunteer or paid staff person with any other youth organizations, or just informally.

Where: _____ When: _____ How long: _____

Age(s) of youth: _____

Describe the activities you engaged in with the youth.

YOUTH CHARACTERISTICS

Would you be willing to be matched with a Little with the following?

Very active	Yes	No	Maybe, with training
ADD/ADHD	Yes	No	Maybe, with training
Mental illness	Yes	No	Maybe, with training
History of abuse	Yes	No	Maybe, with training
In counseling	Yes	No	Maybe, with training
Quiet	Yes	No	Maybe, with training
Talkative	Yes	No	Maybe, with training
Shy	Yes	No	Maybe, with training
LGBTQ	Yes	No	Maybe, with training
An incarcerated parent	Yes	No	Maybe, with training
Substance abuse in the home (history or currently)	Yes	No	Maybe, with training

Do you align yourself with a religion/faith and if so which one? _____

Do you prefer to work (or not work) with a Little who has a certain religious preference and if so, which one(s)? _____

Do you speak and/or understand Spanish _____

IF YOU ARE APPLYING FOR THE COMMUNITY BASE PROGRAM PLEASE ANSWER THE FOLLOWING QUESTIONS.

Do you live in one of the following: Home Apartment Other: _____

Who else lives with you? _____

Would you want to take your Little to your home? _____

What are some of the things you can imagine doing with your Little at your home? _____

If you have pets, what are they? _____ Any firearms/other weapons? _____

Do you consider your neighborhood to be safe? _____ Do you have any concerns about being matched with a Little who lives in a neighborhood you are unfamiliar with? _____