



Big Brothers Big Sisters of the North Coast

428 C St., Suite G, Eureka, CA 95501
(707) 445-4871 Office
E-Mail: info@ncbbbs.org

PO Box 5510, Eureka, CA 95502
(707) 445-1405 Fax
Website: www.ncbbbs.org

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit your completed application via email to info@ncbbbs.org or fax to **707-445-1405**; or hand deliver or mail to **428 C Street, Eureka, CA 95501**.

For agency use only:
Govt. ID: _____
DMV Lic.: _____
Auto Ins.: _____
References Sent _____

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. Big Brothers Big Sisters of the North Coast (BBBSNC) does not exclude clients, parents/guardians, volunteers, staff or board members on the basis of race, color, religion, national origin, gender, marital status, sexual orientation, gender identity, veteran status, or disability.

GENERAL INFORMATION

| | | | |
|---|--------------------|--|---|
| First Name: | Middle Initial: | Last Name: | Preferred 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/State: | Zip | Emergency Contact: Name: _____ Phone: _____ |
| Personal E-mail: | Work E-mail: | How do you prefer to be contacted? (Phone, e-mail, time of day, etc.) | |
| Social Security Number: | Gender: | Marital Status: | |
| Date of Birth: | | If applicable, maiden name: | |
| Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | | | |
| 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, please name school: |
| Do you have current or past military experience? No | <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.

| | | |
|---|--|--|
| 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 a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration date: _____ |
|---|--|--|

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? 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?

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 BBBSNC 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 someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

| | | | | |
|--|---------|--|--------|------|
| 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: | | |
| 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 BBBSNC 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 of the North Coast (BBBSNC).

I certify that all information I have provided or will provide to BBBSNC, 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 BBBSNC. 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 BBBSNC program, I agree to immediately inform my BBBSNC 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.

Volunteer Signature _____ **Date** _____

Media Release

Upon occasion photos or videos of participating children are used for brochures, posters, Social Media or miscellaneous promotions to be used by Big Brothers Big Sisters of the North Coast. I hereby consent to and authorize the use and reproduction by BBBSNC, or any authorized agent, of any photographs, video, or audio recording which BBBSNC has taken of my child without further compensation to me. All photos and videos are the property of Big Brothers Big Sisters of the North Coast. Yes No **Initials:** _____



Big Brothers Big Sisters of the North Coast

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. 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. How did you hear about Big Brothers Big Sisters of the North Coast?
2. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
Yes No
3. Do you anticipate any significant life changes over the next year or had any this past year?
Yes No

Please describe:

4. Have you ever been accused, arrested, charged, or convicted of a crime?
Yes No
5. Have you had any driving citations and/or moving violations in the past 5 years?
Yes No
6. Do you have guns, ammunition, or other weapons in your house?
Yes No
7. Are you experiencing any physical or mental health issues?
Yes No
8. Do you speak any foreign languages?
Yes No

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

| | | |
|-------|------|---------------|
| Name: | Age: | Relationship: |
| Name: | Age: | Relationship: |
| Name: | Age: | Relationship: |

10. 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