



Big Brothers Big Sisters Services

Little Moments. Big Magic.™

Serving the Greater Richmond and Tri-Cities area.

Main Office: 5511 Staples Mill Road, Suite 200, Richmond, Virginia 23228
Phone: (804) 261-4940 Fax: (804) 261-4941
Satellite Office: 205 ½ East Broadway, Hopewell, Virginia 23860
Phone: (804) 541-8208 Fax: (804) 458-2540

Please Select: Community-Based Site-Based High School Mentor Other, please specify: _____

VOLUNTEER APPLICATION

Application Date: _____

First Name:		Middle Name:	Last Name:		Date of Birth:	
Home Address:			City:		State:	Zip:
Email:		Home Ph #:	Work Ph #:		Cell Phone/FAX:	
Circle One: Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security #:	Employer/School:			
Employment Address:			City:		State:	Zip:
Occupation	Position/ Grade or Year Level:		Can We Contact You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:	How Long Emp. Yrs <input type="checkbox"/> M <input type="checkbox"/>
Race/Ethnicity: (please check) <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other			Marital Status		Level of Education	
<i>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 (Community-Based program only) in any vehicle you are operating.</i>						
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state of issue and #			Expiration date:	

COMMUNITY BASED APPLICANTS ONLY: VOLUNTEER or EMPLOYEE PERSONAL AUTO INSURANCE VERIFICATION

ALL EMPLOYEES AND VOLUNTEERS MUST CARRY AUTO INSURANCE IN THE AMOUNT REQUIRED BY THE STATE. THIS IS SO WE CAN PROVIDE ADDITIONAL AUTO LIABILITY PROTECTION WHILE IN THE COURSE OF BIG BROTHERS BIG SISTERS SERVICES, INC. AGENCY WORK. *(Please attach a copy of auto insurance declaration page or insurance card with this application).*

Virginia requires the following minimum coverage:

Bodily injury/death of one person \$25,000
Bodily injury/death of two or more persons \$50,000
Property damage \$20,000

- I carry the required auto insurance limits for the State of Virginia
- I am under a spouse/parent's auto insurance that carries the required auto insurance limits for the State of Virginia.
- I do not carry auto insurance.

BY MY SIGNATURE I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO NOTIFY BIG BROTHERS BIG SISTERS SERVICES, INC. OF ANY CHANGES IN MY AUTOMOBILE INSURANCE COVERAGE.

SIGNATURE _____ DATE _____

AGENCY POLICY ON ALL MENTORING VOLUNTEERS

In determining an applicant's suitability for our program, factors such as the health, personality, behavior, employment and educational status of the individual are taken into consideration. An interview with a staff member is part of the application process and is designed to establish a profile of you and your interests. Additional information about you will be obtained from the character references you supplied, from background checks performed through the Child Abuse Registry, the State of Virginia Criminal Records Check and the Division of Motor Vehicles. Big Brothers Big Sisters Services, Inc. may also make use of other information concerning an applicant acquired by the agency from other persons, agencies, or other sources that may come to its attention.

Excepting any disclosures to which the agency is subject as a matter of law, all information received concerning an applicant will be treated as confidential and will not be disclosed to anyone except in connection with the administration and operation of the agency and its Big Brother Big Sister program.

The undersigned acknowledges and agrees that: he/she is not obligated if called upon, to perform the services herein applied for, and that the agency is not obligated to accept him/her as a volunteer or to assign, or actively seek to assign him/her a Little Brother/Little Sister.

All information obtained about any volunteer and any information pertaining to a match between a volunteer and a child are the property of and will remain the property of our agency. An applicant has no right to obtain, review or copy any such information or files. Applicants who are not accepted will not necessarily be told of the specific reasons for their non-acceptance; as to do so could jeopardize the screening policies of the agency. The applicant will be informed by letter of his/her non-acceptance by the Executive Director.

In the event a match is made, the undersigned also acknowledges and agrees that: the parent(s) or guardian of the child, the volunteer himself/herself, or the school has the right to terminate the relationship. If the agency determines the best interests of the child would be served by the termination of the match, then the agency reserves the right to, and in sole discretion may, terminate the services of the volunteer. Further, in the event of such termination by the professional staff, Big Brothers Big Sisters Services, Inc. is not obligated to provide the volunteer with the specific reason(s) for such termination.

NOTICE: By signing this application you are hereby advised that any and all suspicions of child abuse and/or sexual misconduct involving children, whether physical or verbal, will immediately be reported to the appropriate authorities and any individual found guilty of these offenses will be prosecuted to the fullest extent of the law.

THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

I AUTHORIZE BIG BROTHERS BIG SISTERS SERVICES, INC. TO CONTACT MY EMPLOYER AND THE INDIVIDUALS I HAVE NAMED AS PERSONAL REFERENCES.

I AGREE TO ADVISE BIG BROTHERS BIG SISTERS SERVICES, INC. IMMEDIATELY OF ANY CHANGES IN THE INFORMATION PROVIDED OR REPRESENTATIONS MADE IN THIS APPLICATION.

Signature _____ Date _____

REFERENCES

Please **type or print clearly** the following information requested for *the following criteria below* for your references:

- 1) a current or past **employer** who has known you for **at least 1 year** (*High School Volunteers- provide school reference: guidance counselor or teacher*);
- 2) **co-workers or friends** who have known you for **at least 2 years** (*High School Volunteers- provide a community member: minister, employer or coach*); and
- 3) a **close family member** (spouse/domestic partner/relative) who has known you for **at least 3 years**. (*High School Volunteers- provide a family member: parent, guardian, other family*)

1. Employer's Name (or school if student):	Supervisor's Name (or teacher/guidance counselor if a student):
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Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	

2. Coworker or Friend: (<i>For High School Volunteers-provide Community Member</i>)

Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	

3. Coworker or Friend: (<i>For High School Volunteers- provide Community Member</i>)
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Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	

4. Coworker or Friend: (<i>For High School Volunteers- provide Community Member</i>)
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Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	

5. Spouse/Domestic Partner/Relative: (<i>For High School Volunteer- provide Family Member</i>)
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Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	

Have you ever applied before to be a Big Brother or Big Sister? Yes _____ No _____
 Where and When: _____

I understand that:

- 1) the references I listed may be contacted by mail, telephone, or email;
- 2) this application no way obligates me to perform any volunteer services;
- 3) the information I provide 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; (*\$15 fee required to perform Out-of-State DMV records check*)
- 4) BBBS agency is not obligated to match me with a youth; and,
- 5) As part of our enrollment process, we will be asking you to provide additional personal information prior to receiving any recommendations for assignment.

Signature

Date