



Dear Prospective Board Member,

Thank you for your interest in becoming a member of the Board of Directors of Big Brothers Big Sisters of Island County. As a non-profit organization, Big Brothers Big Sisters relies on our board membership to help set our strategic mission and assist in guiding the work that we do throughout the year. To aid in that, our board conducts an annual meeting each January to brainstorm a strategic plan for the year, establish active committees, and to schedule our regular board meetings for the year.

Our agency vision is that “All youth achieve their full potential” and our mission is to “create and support one-to-one mentoring relationships that ignite the power and promise of youth”. The changes that a volunteer mentor can make in the life of a child are significant. Children’s issues range from the very basic to quite complex – from needing help with academics and social skills to emotional support. We know that adding a caring person to a child’s life increases their abilities in handling life problems that inevitably arise. Friendship and new experiences go a very long way in improving a child’s resilience and coping skills in life.

Thank you for your consideration of joining the BBBSIC board and for being open to this community service. I am enclosing additional information on board membership for you to peruse. If there are any questions that we may answer, please contact a member of the Board of Directors, or our executive director, Tiffany Scribner.

We look forward to hearing from you.

Sincerely,

Christian Hammer

President of BBBSIC Board of Directors

Tiffany Scribner

Executive Director

ed@bbbsislandcounty.org

360-279-0644



**BOARD OF DIRECTORS
MEMBER APPLICATION**

Vision:

All youth achieve their full potential.

Mission:

Create and support one-to-one mentoring relationships that ignite the power and promise of youth.

We partner with parents/guardians, volunteers, and others in the community and hold ourselves accountable for each child in our program achieving: higher aspirations, greater confidence, and better relationships; avoidance of risky behaviors and educational success.

The above vision and mission statements are the cornerstones of the work done at BBBSIC. All planning and organization focus on these statements with each fundraiser, program, and agency activity centering on this vision and mission. Board and staff members join together annually to review the work completed over the past year and modify the long-range plan and goals in efforts to best meet the needs of community youth.

In order to match your talent, skill, experience, and personal interests with BBBSIC needs, we request that you provide us with the following information. Each board member is subject to a background criminal and reference checks, per BBBS of America Standards of Service. Thank you for your cooperation.

PERSONAL INFORMATION

First: _____ Middle: _____ Last: _____

Address: _____
Street City State Zip

Home Phone: _____ Mobile: _____ Work: _____

Email address: _____

Date of Birth: _____

Gender: Male: _____ Female: _____

Ethnic Origin: _____

Armed Forces Veteran: Yes _____ No _____ Branch of Service: _____



WORK EXPERIENCE

Current Employer: _____

Phone: _____ Duration of Employment: _____

Supervisor, Title and Duties: _____

Past Employer: _____

Phone: _____ Duration of Employment: _____

Supervisor, Title and Duties: _____

EDUCATION & TRAINING

Name of School & Address: _____

Field of Study/ Type of Degree: _____

From/ To, Graduation: _____

Name of School & Address: _____

Field of Study/ Type of Degree: _____

From/ To, Graduation: _____

REFERENCE INFORMATION

Have you ever been convicted of a crime?

Yes: _____ No: _____ Dates: _____

Please Explain: _____



Please provide three references who have first-hand knowledge of your character and personality.

| Name & Relationship | Phone | Email | Years Known |
|---------------------|-------|-------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

1. What are your skills and strengths you have which will help the Board and the Agency?

2. What are your hobbies & interests:

3. Professional organizations in which you maintain membership(s):

4. Any additional comments:

AUTHORIZATION AND RELEASE

I hereby authorize Big Brothers Big Sisters of Island County to investigate my work and personal history. I authorize my employers to provide information about me to Big Brothers Big Sisters and I release my previous employers and Big Brothers Big Sisters from any, and all claims and liabilities of any nature arising from such inquiry and investigation or the supplying of information from such investigation.

By initialing and dating below, I hereby certify that the information herein is a true and complete statement of my personal and professional record to date and falsification or omission to my application or any supplement to it will be sufficient grounds for failure to elect to or for my removal from the Board of Directors. Big Brothers Big Sisters of Island County will also conduct a background check using Talent Wise Services.

Initials: _____ Date: _____

Signature: _____ Date: _____



BOARD OF DIRECTORS JOB DESCRIPTION

Purpose: As a body, to govern and provide direction to Big Brothers Big Sisters of Island County; to act as voting members of the Board with full authority and responsibility to develop policies and regulations for the operation of the agency; to monitor the agency’s financial health, programs and overall performance; and to provide the Executive Director with the resources to meet the needs of those the agency serves.

Term Three years
Meeting Attendance: Regular board meetings (Quarterly)
 Standing committee meetings
 Ad hoc committee meetings as appointed
 Special events and fundraising events as announced

Responsible to: Board President

- Board Responsibilities:**
- a. Set policies for the governance of the Agency
 - b. To secure funding for the Agency
 - c. Enter into and carry out contracts on behalf of the Agency
 - d. Monitor Agency financial resources and management
 - e. Hire, evaluate and terminate the Executive Director
 - f. Approve an annual budget and goals, consistent with the Agency mission
 - g. Create, review, and update long-range plans for the development of the Agency
 - h. Maintain a responsible relationship with Big Brothers Big Sisters of America

- Individual Board Member Responsibilities**
- a. Embrace the mission of the Agency
 - b. Attend board meetings, activities, and special events; three consecutive unexcused absences are considered a resignation
 - c. Contribute an average of four hours per month to BBBSIC
 - d. Read board packets prior to the meeting and be prepared to actively participate
 - e. Contribute to meetings, respectfully expressing your point of view
 - f. Always respect the views of others
 - g. Become knowledgeable about the agency
 - h. Actively serve on at least one standing committee
 - i. Actively participate in at least one fundraising activity per year, AND raise (give or get) at least \$600/year
 - j. Assist in the recruitment of new board members and volunteers
 - k. Give support to the Executive Director and agency staff
 - l. Serve as an ambassador between the Agency and community
 - m. Assume board and committee leadership roles when asked
 - n. Keep the Executive Director informed about community concerns



I understand that a critical function of the organization relates to discussion surrounding Bigs, Littles, and funding sources. Any information obtained must be kept in strictest confidence, and this information will not be used for personal gain, private advantage, nor is it to be shared with other non-profit organizations seeking funds or information by any member of the staff or board. I hereby commit to these responsibilities:

Prospective Board Member Name: _____
(Please Print)

Signature: _____ Date: _____



PROGRAM INFORMATION

WHAT IS BIG BROTHERS AND BIG SISTERS OF ISLAND COUNTY AND WHAT DO WE DO?

Big Brothers Big Sisters of Island County creates and supports one-to-one mentoring relationships that ignite the power and promise of youth. We are a private, non-profit, social service agency, matching youth between 6-16 years with a vetted, caring, appropriate volunteer and offering all of our services for free to our community. We match based on the skills and interests of the Big (mentor/volunteer) with the needs and interests of the Little (youth). Once a match is made, Bigs and Littles join us for fun agency-sponsored match activities and are closely followed and supported by an agency Match Coordinator.

WHO BECOMES A BIG BROTHER OR A BIG SISTER?

There are two programs at BBBS! The Community-Based (CB) program, where matches meet per their schedule, 2-4 times per month for 2-4 hours per visit. Site-based (SB) matches meet for about an hour, once a week in a specific setting, like a school or a workplace at the same time and place each week. Each Big is a person who wants to be a friend and mentor to a youth, sharing in the joys and problems of growing up and providing an ear for their Little. Bigs make a commitment for a minimum of one year. BBBSIC Program staff provide monthly match support: keeping everyone safe, assisting in relationship building, and resolving problems should they arise.

HOW ARE VOLUNTEERS SCREENED?

Our professional Program Coordinators assess volunteers carefully. Steps include an orientation meeting, application, local, state, and national background checks, an in-depth interview, reference checks, and educational training sessions. Every effort is made to ensure that the volunteer is a mature, stable, positive role model, who can make and keep their commitment.

HOW DO CHILDREN GET MATCHED?

Interviews are held with the parents and youth. Preferences of all match participants are taken into consideration along with other helpful information such as interests, needs and challenges, as well as geographical location. When a potential Big is identified, basic information is shared with the parent and child to assist in creating the best possible match. After each person consents to the match, a meeting is arranged and the parent, child and volunteer are introduced. In a School-Based match, the teacher is consulted and helps to arrange meeting times.

HOW LONG DOES IT TAKE TO GET A BIG BROTHER OR SISTER?

Once the application is complete, the wait for a Big Brother or Big Sister is 2-6 months on average. The average wait to be matched may be longer for boys. The wait length is very dependent on the volunteer pool as screenings are completed.



913 East Whidbey Avenue • Oak Harbor, WA 98277 • (360) 279-0644 office • (360) 279-1356 fax
Coupeville Middle/High School • 501 S. Main Street • Coupeville, WA 98239 • (360) 678-4409 ext. 2015

**CRIMINAL BACKGROUND CHECK & DRIVE RECORD REQUEST
DISCLOSURE AND AUTHORIZATION FORM**

Big Brothers Big Sisters of Island County (the “Company”) will procure a consumer report and/or investigative consumer report on you in connection with your volunteer or employment application. Intelius Inc., a consumer reporting agency, will obtain the report for the Company. Intelius is located at 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004, and can be reached at (425) 974-6100.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verification, criminal records checks, public court records checks, and driving records check. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Provided to you with this authorization is a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. You also are entitled to request more information about the nature and scope of the report we are requesting by submitting a written request to Big Brothers Big Sisters of Island County, 913 E. Whidbey Ave, Oak Harbor WA 98277.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and I have read and understand the “Summary of Your Rights Under the Fair Credit Reporting Act” provided with this form. By my signature below, I consent to the release of consumer and/or investigative consumer reports to the Company as described above and consistent with the requirements imposed on the Company as described in the Summary.

I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, to the extent allowed by law, for volunteer or employment related purposes during and after my employment or volunteer experience. I understand that if employed by the Company my consent will apply throughout the entire time I am employed by the Company unless I revoke or cancel my consent by sending a signed letter to Big Brothers Big Sisters of Island County, 913 E. Whidbey Ave, Oak Harbor WA 98277.

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Driver’s License Number _____ State Issued _____

Date of Birth _____ Gender _____ SSN _____

Additional Driver’s License Numbers/States _____

Signature

Date

PLEASE KEEP THIS PAPER FOR YOUR RECORDS

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state

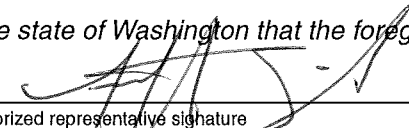
Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

| | |
|--|--|
| PRINT or TYPE Company name Big Brothers Big Sisters of Island County | |
| Agent company name (if applicable) Sterling Talent Solutions | |
| Company/Agent company address 4511 Rockside Road, 4th Floor, Independence, OH 44131 | |
| Authorized representative name Tiffany Scribner | Title Executive Director |
| Answer the following | |
| 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i> | |
| <u>2/10/2020</u> Date and place signed | X  Authorized representative signature |

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

| | | |
|--|----------------------------|--------------------------|
| PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer | Date of birth (mm/dd/yyyy) | WA driver license number |
| Authorization from | | |
| <input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment | | |
| <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed | | |
| <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization | | |
| Employer, prospective employer, or volunteer organization name Big Brothers Big Sisters of Island County | | |
| Employer agent company name if acting on behalf of the company for employment purposes Sterling Talent Solutions | | |
| Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i> | | |
| X Signature | | Date |



Volunteer/Employee Applicant Disclosure Form

Washington State Law requires that all **volunteers and employees who will have regularly scheduled unsupervised access to children under sixteen years, or developmentally disabled persons, complete and sign this disclosure statement.** For the safety of our children, Big Brothers Big Sisters of Island County is requiring **ALL VOLUNTEERS AND EMPLOYEES** to complete and sign this form, which allows BBBSIC to conduct a Washington State Patrol background check.

Please answer **Yes** or **No** to each listed item. If the answer is **Yes** to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1 . Have you ever been convicted of any crimes against persons as listed below:

Aggravated murder; first or second-degree murder; first or second-degree kidnapping; first, second, or third-degree assault; first, second, or third-degree rape; first, second, or third-degree rape of a child; first or second-degree robbery; first-degree arson; first-degree burglary; first or second-degree manslaughter; first or second-degree extortion; indecent liberties; incest; vehicular homicide; first-degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second-degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second-degree custodial interference; malicious harassment; first, second or third-degree child molestation; first or second-degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child-buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

Yes _____ **No** _____ If yes, explain below charge/finding, date, court(s):

2. Have you been found in any dependency action under RCW 13.34.030 (2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s):

3 . Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s):

4. Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any wsmminor? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s):

5. Have you been, in the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement, or fraud?

Yes _____ **No** _____ If yes, explain below charge/finding, date, court(s).

(An inquiry to the Washington State Patrol and/or state and federal law enforcement agency will be made for the selected candidate.)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Signature: _____ **Date:** _____

Print Name: _____ **Birth Date:** _____