

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to egriffin@bbbschattvalley.org or fax to *706-327-3238;* orhand deliver or mail to 1350 15th Avenue Columbus, Georgia 31901.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, if you plan to transport a child within the community-based program. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

GENERAL INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | Middle Name: | | | Last Name: | | | | | | Preferred Name : | | | |
| Home Phone #: | Work Phone #: | | | Cell Phone #: | | | | | | Is it okay to text you? Yes No  Cell phone Provider: | | | |
| Home Address: | | City: | | | | | | County: | | State: | | | Zip: |
| Personal E-mail: | Work E-mail: | | | | | How do you prefer to be contacted/Best time to contact?  (Phone, e-mail, time of day, etc.) | | | | | | | |
| Social Security Number: | | | | | | Gender: | | | | | Marital Status:  If applicable, maiden name: | | |
| Date of Birth: | | | | | |
| Race/Ethnicity:  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  Native Hawaiian or Pacific Islander  White | | | Other  Multi-race (check all that apply)  *American Indian or Alaska Native*  *Asian*  *Black or African American*  *Hispanic or Latino*  *Native Hawaiian or Pacific Islander*  *White*  *Other* | | | | | | | | | | |
| Nationality/Country of Origin: | | | | | | | | | | | | | |
| Employer/Address | | | | | Occupation: | | | | | | How Long Employed? | | |
| Highest Level of Education:  Area of Study: | | | | | | | Are you a student at this time? Yes No  If yes, please name school: | | | | | | |
| Do you have current or past military experience? Yes No | | | | | | | | | Dates of Service: | | | | |
| Branch:  Air Force  Army  Marine Corps  Navy  Coast Guard | | | | | | | | | | | | | |
| Component:  Active  National Guard  Reserve | | | | | | | Are you retired? Yes No  Are you separated/discharged (other than retired)?  Yes No | | | | | | |
| If retired, separated, or discharged, please check the character of separation/discharge:  Honorable  General (under honorable conditions)  Under Other than Honorable Conditions  Bad Conduct  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? Yes No  If yes, state of issue and #:  Effective date:  Expiration date: | | Do you have valid insurance that meets or exceeds state required minimum?  Yes No Policy #: Effective date:  Expiration Date: | | | | | | | | | | Do you have a vehicle?Yes No | |

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 BBBS 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: | | |

*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 BBBS 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.

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

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

VOLUNTEER PRE-INTERVEW 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. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?   
   Yes No
2. Do you anticipate any significant life changes over the next year or had any this past year?   
    Yes No
   1. Please describe:
3. Have you ever been accused, arrested, charged, or convicted of a crime?
   1. Yes No
4. Have you had any driving citations and/or moving violations in the past 5 years?
   1. Yes No
5. Do you have guns, ammunition, or other weapons in your house?   
   Yes No
6. Are you experiencing any physical or mental health issues?
   1. Yes No
7. Do you speak any foreign languages?
   1. Yes No
8. Is there anything else you’d like to tell us about yourself or any questions that you have?
9. Are there other people living in your household?

Provide name, age, relationship to you.

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

3. 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

**ACKNOWLEDGEMENT SHEET**

**I HEREBY ACKNOWLEDGE** that I have received a copy of the **"Abuse/Neglect:**

**Implications on the Mentoring Relationship"** guide, and have been requested to read and use it whenever abuse or neglect is suspected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer's Signature Date

Digital Technology and Social Networking Policy & Guidelines

**Rationale:** Big Brothers Big Sisters of the Chattahoochee Valley recognizes that online social networking (Facebook, Myspace, Twitter, LinkedIn, Blogs, Instagram, Vevo, YouTube, et.) has become a very popular communications tool and that many of our Big Brothers/Sisters and Little Brother/Sisters use these websites. In general, personal use of social networking sites is typically for communications between peers, including friends and family, BBBS wants to reiterate that your relationship with your Little is that of a mentor in addition to a friend. Not all social networking sites are designed to support mentoring relationships.

Please proceed thoughtfully when inviting or accepting an invitation from your Little to a social networking site. If you have any doubts, please contact your Match Support Specialist and/or postpone your invitation or acceptance. If you do choose to participate in a social networking site with your Little, you must adhere to the following guidelines regarding any postings related to you match or affiliation with BBBS:

* Do not participate in any online communication with/about your Little unless you have discussed this with the parent/guardian or School-Based Coordinator and have received their approval.
* Never post any pictures of your Little online unless you have the written consent of the child’s parent/guardian. A copy of the written consent must be given to your Match Support Specialist.
* Never post the last name of your Little, his/her parent/guardian or BBBS of the Chattahoochee Valley staff.
* Never post any contact information for you Little.
* Never post any identifying information about your Little (i.e.: child’s home address, school the child attends, where the parent works, etc.)
* Never post anything that could be perceived as judgmental or offensive to your Little or his/her parent/guardian.
* Make sure that your page settings are set to private, so that only people you approve can view your online content. Ensure that BBBS of the Chattahoochee Valley and the parent /guardian are approved if you plan to post content related to your match.
* Honor confidentiality guidelines within your match; be cautious when posting detailed information about conversations with your Little, their parent/guardian or with BBBS staff. Posting generalized information or status updates is typically appropriate, but lengthier postings or blogs containing in-depth information should be approved by the parent/guardian and by BBBS of the Chattahoochee Valley prior to posting.
* Be aware of other postings on your page that are not BBBS of the Chattahoochee Valley related or are inappropriate for minors. Know that as a BBBS volunteer you are a role model at all times. Please ensure that all contents are appropriate and kid-friendly, in case your Little or his/her family were to read your social networking page. If the social networking site allows; create a separate group for your Little, his/her parent/guardian and BBBS staff that limits your Little’s access to your general or universal postings.
* When in doubt about whether or not something is appropriate to post, consult with you Match Support staff person prior to posting.

\*\*Failure to adhere to these guidelines may result in the termination of your match.

I have read, understand, and agree to the above criteria for Digital Technology and Social Networking Policy & Guidelines. I also certify that I have received a copy of the Digital Technology and Social Networking Policy & Guidelines.

**VOLUNTEER PRINT NAME VOLUNTEER SIGNATURE DATE**

**VOLUNTEER ORIENTATION / GROUND RULES**

The Volunteer is an adult desirous of befriending a child, the child generally being from a single-parent home. The concept of Big Brothers Big Sisters service describes a one-to-one friendship between a mature, stable adult and a child. Over a period of time, with professional support, supervision and consultation, the volunteer becomes a significant influence on the emotional growth and development of the child.

The Volunteer provides support, friendship, guidance and leadership. The volunteer is not a peer and not a substitute parent; rather he/she is an older, responsible, mature person who cares for the child as one would a close friend. The Big Brother Big Sister is a person who is capable of making the following commitments when matched with a child:

To be consistent when making plans with the child or speaking with the child on a regular basis when time constraints do not permit one-to-one activities.

To provide structure for activities as well as role model behavior. The volunteer must be willing to give the child undivided attention during match activities, and provide a fun and safe environment.

To respond to supervision contact made by the Case Manager, to include monthly supervision, annual reviews, POE’s, match closure, and any other assessments deemed necessary by the Case Manager.

As an Agency representative you are entrusted with the very important responsibility of helping your Little Brother or Little Sister develop his/her full potential. Because we know that you take this responsibility seriously, we want to be very clear about expected behavior while you are with your child. The following is a list of these expectations and requirements:

1. Alcohol or illegal drug use of any kind is strictly prohibited prior to and during match outings. While serving as an adult role model, Bigs will not smoke or utilize tobacco products in the presence of the Little.
2. Speeding or any other illegal and unsafe driving practices are prohibited. You are expected to require your Little Brother or Little Sister to use automobile safety belts at all times.
3. When engaging in boating or other water sports, we expect that the child will use a life vest.
4. Volunteers must not involve the child in any match activities in which the parent or child is not comfortable. Prior parental approval is required for any match activity.
5. Volunteers must continue to carry the state required – automobile insurance and driver’s license.
6. Allowing the child to view movies, videotapes or magazines that contain explicit sexual material is strictly prohibited. Also, please discuss contents of films with graphic violence with parent and Case Manager if you want to take the child to this type of film.
7. Do not touch the child in any way that makes him/her uncomfortable.
8. The volunteer will notify the case manager should their health or family status change after the match has been made.
9. Sleeping in the same bed or in the same sleeping bag with a child is not acceptable behavior at any time.
10. Out-of-town trips between the volunteer and the child are not allowed within the first twelve (12) months of the match. Overnight visits are not allowed within the first twelve (12) months of the match. After the 1-year mark, matches may have overnight visits if all criteria has been met:

* Matches must be at least twelve (12) months in length
* Permission form signed by parent, client and volunteer
* Director approval of the overnight activity

1. The volunteer should not become so involved with the client’s family that it interferes with the relationship with the Little Brother or Little Sister.
2. Any form of discipline should be discussed with the parent prior to implementation. No form of corporal punishment is allowed. The child will be under the direct and immediate supervision of the accepted volunteer at all times.
3. When the child is in your custody, you must be sure that any interaction between your Little Brother or Little Sister and your friends, family, coworkers, etc. does not violate BBBS policies. Your Little Brother and Little Sister is to be in your custody at all times during any match activity.
4. The volunteer must promptly report to the Case Manager any incidents or circumstances that seem to constitute abuse or neglect of the Little Brother or Little Sister by the parent/guardian or other party.

Please use common sense when choosing match activities. Your behavior must be within the parameters of acceptable community standards. Do not engage in any activity that may have a negative effect on the child. If you are in doubt about the appropriateness of an activity, consult with parent and the Case Manager. The Agency has taken steps to inform both parent and child concerning the above issues. If you have any questions or concerns regarding our expectations and requirements, please talk with the Case Manager immediately.

**VOLUNTEER RIGHTS AS a CLIENT**

As a client of this agency, you have certain rights governing the services you receive, and you should be familiar with those rights, shown below. If you have questions at any time concerning your rights as a client or your child’s, please discuss them with your case manager, the BBBS Director, or the agency’s Chief Executive Officer.

\* You have the right to expect prompt, courteous, and professional service.

\* You have the right to be served without discrimination as to sex, race, creed, color, religious preference,

national origin, cultural influences, or lifestyle choices.

\* You have the right to assist in developing your child’s or “little’s” goals, etc. which should be tailored to meet their specific needs or the needs of the match.

\* You have the right to review your case record and include comments in the record at any time.

\* You have the right to privacy and confidentiality. Except as may be required by law, no information concerning you, your family, or your treatment may be released to anyone without your consent in writing. The legal exceptions to confidentiality are as follows:

\*

* cases of child abuse or neglect
* cases involving risk of suicide or serious threat to another including health related issues
* court ordered subpoena
* cases that are court ordered or required to meet legal mandates

\* You have the right to make a complaint to the Director and utilize the agency’s grievance procedures if you are not satisfied with the services provided. You will be given information on the grievance procedure.

\* You have the right to be told if the agency cannot provide the services you need or request, and to be informed of other referral sources or services in the community. The agency however, is not responsible for disclosing information for non-acceptance into the BBBS program.

\* You have the right to refuse a match or request a change in your match at any time. You also have the right to close your match at any time.

\* You have the right to request assistance in meeting any special needs that you have in order to prevent those needs from creating barriers to service (i.e.: help with reading or completing paperwork, accessibility to offices, etc.).

**Volunteer Rights/Orientation/Ground Rules**

I have read and accept the Volunteer Rights/Orientation/ Ground Rules.

Your acceptance is based on the assumption that all information you provide to the agency is true. Reasons for acceptance or rejection are confidential and will not be revealed to the prospective volunteer. Subsequent information we might receive could require us to rescind your acceptance as a volunteer and close your match at any time. Failure to comply with the above guidelines may result in closure of the match with the Little Brother or Little Sister.

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Signature of Volunteer Date

**Volunteer Confidentiality Agreement**

I have read and accept the Volunteer Confidentiality Agreement.

I agree to keep all information regarding a potential Big Brother or Big Sister match confidential. I will not discuss this information with any other person other than the assigned professional staff. I have read and understand the above document which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

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Signature of Volunteer Date

**CONSENT TO USE IDENTIFYING INFORMATION**

# IN AGENCY PROMOTIONAL MATERIALS

I give permission for Big Brother Big Sisters of Columbus and other persons authorized by same to photograph, videotape and/or publish a story or photographs of me. The information shall be used by the organization identified above solely for promotional purposes. The permission granted by this consent form applies solely to identifying information to include name, occupation, interest and photograph, and may not be used for any other purpose not provided for herein.

In giving this consent, I release Big Brothers Big Sisters of Columbus, their nominees and designees from any obligation or liability otherwise owed to me in connection with any personal or proprietary right I may have as a result of the sale, reproduction or use of the above referenced information. I may terminate this consent at any time. This consent will be valid as long as I am actively involved in the Big Brothers Big Sisters of Columbus program. I understand that if I choose not to sign this release, this will in no way affect my enrollment in the program or diminish the possibility of my being matched.

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Signature of Volunteer Date

Volunteer Matching Questionnaire

**Please Circle**

1=Prefer 2=No Difference 3=Prefer Not

# Please Circle

Littles who like sports 1 2 3

Littles who aren’t clean 1 2 3

Shy Littles 1 2 3

Littles who are outgoing 1 2 3

Littles who get into fights 1 2 3

Littles who don’t have a phone 1 2 3

Littles who have positive contact w/absent parent 1 2 3

Littles who live in a bad neighborhood 1 2 3

Littles who get poor grades 1 2 3

Littles who are overweight 1 2 3

Teenage littles 1 2 3

Littles who lack confidence 1 2 3

Littles of a different race 1 2 3

Littles of a different religion 1 2 3

## Littles with a history of sexual abuse 1 2 3

Littles with a history of physical abuse 1 2 3

Littles with a history of behavior problems 1 2 3

Littles with physical handicaps 1 2 3

Littles with emotional handicaps 1 2 3

1350 15th Avenue

Columbus, GA 31902

(706) 327-3238

Fax (706) 327-5750

Contact: Erin D. Griffin

**BACKGROUND CHECK IF YOU ARE PAYING WITH A DEBIT/CREDIT CARD:**

**GO TO THE WEBSITE BELOW**

http://www.coeusglobal.com/bbbschattvalley

**IF YOU ARE A STUDENT THE COST IS $10.00**

**NON STUDENT THE COST IS $14.00**

**Please Keep**

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