



ADULT VOLUNTEER APPLICATION COMMUNITY-BASED MENTORING

Revised July 2022

PERSONAL INFORMATION

Name _____ Sex _____ DOB _____ SSN _____
Home Address _____ City _____ Zip _____
Home Phone _____ Cell _____ Email _____
County _____ From (Years) _____ to _____
Maiden Name/Other Names Used _____
Driver's License Number _____ State _____ Expiration Date _____

Additional Addresses for the Last Seven Years:

1. Address _____ City/State _____ Zip _____
County _____ From (Years) _____ to _____
2. Address _____ City/State _____ Zip _____
County _____ From (Years) _____ to _____
3. Address _____ City/State _____ Zip _____
County _____ From (Years) _____ to _____

Employer _____ Occupation _____

Employer Phone _____ Can you be contacted at work? _____

Education (Year Completed) High School _____ College _____ Technical/Trade _____

Marital State: Single _____ Married _____ Divorced _____ Widowed _____

Spouse's Name _____ Spouse's Occupation _____

Number of Children _____ Ages of Children _____

Please note any previous BBBS experience (Where, When, How): _____

Big Brothers Big Sisters of West Central Ohio

Allen County: 616 South Collett Street, Suite 103, Lima OH 45805

Hardin County: 229 North Main Street, Ada OH 45810

Putnam County: 1800 North Perry Street, Suite 109, Ottawa, Ohio 45875

OVER

REFERENCES

List the names, phone numbers, and full addresses for four references. Include 1) your spouse, spousal equivalent, or other close family member; 2) your current or past employer who has known you for at least **one year** or, if you are a student, a faculty member at the school you attend; 3) a friend, co-worker or neighbor who has known you for at least **two years**; 4) your supervisor with a youth-serving organization whether it was a paid or volunteer experience. Your references will be contacted by telephone.

1. Name (Spouse/Family) _____ Phone _____
Address _____ City/State _____ Zip _____
2. Name (Work/School) _____ Phone _____
Address _____ City/State _____ Zip _____
3. Name (Friend) _____ Phone _____
Address _____ City/State _____ Zip _____
4. Name (Youth Org.) _____ Phone _____
Address _____ City/State _____ Zip _____

DONATION TO BIG BROTHERS BIG SISTERS

To help defray the cost of processing your application, including criminal record checks, we ask each applicant to make a \$20.00 tax-deductible donation to: Big Brothers Big Sisters of West Central Ohio. This allows us to devote more of our resources to meeting the needs of the children we serve. *If you are financially unable to make a donation at this time, we understand and will still process your application.*

☐ Enclosed is my \$20.00 donation.

☐ I am unable to contribute at this time.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Big Brothers Big Sisters of West Central Ohio to investigate my background and determine the accuracy of the information I have provided on this application and in my interview. I authorize BBBS of West Central Ohio to request information regarding me from law enforcement and other governmental agencies, present and past employers, educational institutions, and other organizations and agencies in which I have been a member or in whose activities I have participated, including other BBBS agencies or youth organizations where I have worked or volunteered. I release all such employers, organizations and agencies from any liability for cooperating with BBBS of West Central Ohio by releasing the requested information.

BBBS of West Central Ohio reserves the right to deny a volunteer application when, in its sole discretion, it believes it is in the best interest of BBBS to do so and is not obligated to match you with a child.

Volunteer Signature: _____ Date: _____

PLEASE SEND 1) COMPLETED APPLICATION, 2) COPY OF YOUR DRIVER'S LICENSE, AND
3) CURRENT AUTO INSURANCE TO BBBS OF WEST CENTRAL OHIO
See Reverse for Office Addresses