

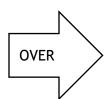
## ADULT VOLUNTEER APPLICATION COMMUNITY-BASED MENTORING

Revised July 2022

PERSONAL INFORMATION	Cov	DOR	CCN	
Name				
Home Address				
Home Phone				
County				
Maiden Name/Other Names L	Jsed			
Driver's License Number		State Expira	tion Date	
Additional Addresses for the	ast Seven Years:			
Address		City/State	Z	
County				-
2. Address	·	•		
County				
3. Address				
County				
,	,	, —		
Employer	Occupation			
Employer Phone		Can you be contacted	ed at work? _	
Education (Year Completed)	High School	College	Technical/	Trade _
Marital State: Single	Married	Divorced	Wide	owed
	Spouse's Occupation			
-		n	-	

## Big Brothers Big Sisters of West Central Ohio

Allen County: 207 West Elm Street, Lima, Ohio 45801 Hardin County: 801 West Lima Street, Suite B Kenton, Ohio 43326 Putnam County: 1800 North Perry Street, Suite 109, Ottawa, Ohio 45875



## <u>REFERENCES</u>

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
ap Th <i>ar</i>	help defray the cost of processing your applicant to make a \$20.00 tax-deductible dona is allows us to devote more of our resources te financially unable to make a donation at teplication.	tion to: Big Brot to meeting the n	hers Big Siste leeds of the c	ers of West Central Ohio. Children we serve. <i>If you</i>
	$\square$ Enclosed is my \$20.00 donation.	☐ I am una	ble to contri	bute at this time.
<u>Al</u>	JTHORIZATION TO RELEASE INFORMATION			
de au ot org ind all	nereby authorize Big Brothers Big Sisters of Votermine the accuracy of the information I have thorize BBBS of West Central Ohio to request ther governmental agencies, present and paganizations and agencies in which I have been cluding other BBBS agencies or youth organizations and agencies such employers, organizations and agencies entral Ohio by releasing the requested informations.	ve provided on t information rega ast employers, a member or in ations where I ha from any liabili	his application anding me from the decention of the decen	on and in my interview. I om law enforcement and institutions, and other ties I have participated, or volunteered. I release
dis	BS of West Central Ohio reserves the right scretion, it believes it is in the best interest th a child.	•		•
Vo	lunteer Signature:		Date:	