

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application and email to [mmoore@bigs.org](mailto:mmoore@bigs.org) or hand deliver at the time of the volunteer In-Person Interview.

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license, and proof of auto-insurance. 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 #:	Personal Email:		
Home Address:		City:	County:	State:	Zip:
Social Security Number:			Gender:		Marital Status:
Date of Birth:					If applicable, maiden name:
Occupation:					
Employer:			How Long Employed?		
Highest Level of Education:			Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Area of Study:			If yes, please name school:		

- 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 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 or inviting BBBS to speak at a company / organization
  - Volunteering at agency events for matches, Littles, waiting-list children, etc.

## 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.

<b>Spouse/Partner's name:</b>		<b>Family member name (if no spouse/partner):</b>	
Address:		City/ State / Zip	Cell:
<b>Employer or Co-worker (current/past)</b>			
Address:		City/ State / Zip	Cell:
<b>Friend, Neighbor, or other personal reference:</b>			
Address:		City / State / Zip	Cell:

*In addition to the references above, BBBS 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.*

<b>Organization name:</b>		<b>Direct supervisor:</b>	
Address:		City / State / Zip	Phone:
Dates of involvement/employment:			
<b>Organization name:</b>		<b>Direct supervisor:</b>	
Address:		City / State / Zip	Phone:
Dates of involvement/employment:			
<b>Organization name:</b>		<b>Direct supervisor:</b>	
Address:		City / State / Zip	Phone:
Dates of involvement/employment:			

## AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION

I, \_\_\_\_\_, do hereby authorize the \_\_\_\_\_  
(Print your name) (name of city you reside in)  
Police Department / \_\_\_\_\_ County Sheriff's Department and any of its agents, to release  
(name of county you reside in)  
any and all criminal history records or information there from pertaining to me that is either in the possession of the above-named Police Department / Sheriff's Department. Such information is to be released only to the Big Brothers Big Sisters Agency.

I fully understand that the purpose of releasing such information is to ensure the safety of those children with whom I may come into contact as an active Volunteer. I further understand that I may cancel this authorization for release of information at any time prior to receipt of application by the above-named Police Department/ Sheriff's Department by withdrawing my application to become a Big Brother/ Big Sister.

_____	_____	_____
Date	Signature	Date/Place of Birth
_____	_____	_____
Print Full Name	Telephone Number	Address
_____	_____	_____
Calif. DL	City/ State / Zip	SSN (for ID only)
_____		
Height/ Weight / Eyes / Hair		
_____		

## Informed Consent On Child Abuse Reporting Laws

I understand that pursuant to California Penal Code Section 1165-11174.5, the staff of Big Brothers Big Sisters of Central California are mandated to report all cases of child abuse. This includes any information, which is not previously reported, obtained through the screening process of the volunteer. My signature on this application verifies that I have read and agree to these stated provisions of the child abuse reporting law.

## Photo Release Consent

I consent to and authorize Big Brothers Big Sisters of Central California or anyone authorized by BBBSCC, to the taking pictures by photography, film, video or television. These pictures may be used for advertising, promotion, and/or fundraising, now or at any time in the future. My signature on this application indicates my consent.

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



## I CONSENT TO AND UNDERSTAND THAT:

- 1) The references and youth serving-organizations I listed may be contacted as well as other BBBS agencies I have worked for or volunteered in;
- 2) The information I provided may be used to conduct a background check, a search of public domain records, driving records check, juvenile/adult criminal history check, 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) BBBS 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) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 6) I understand that the information I provide will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 7) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*i.e., demographic, information relevant to preferences, and any information relevant to a child's safety or well-being*);
- 8) 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
- 9) 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 (BBBS).

I certify that all information I have provided or will provide to BBBS, 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 BBBS. 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 BBBS, I agree to immediately inform my Match Support Specialist 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:** \_\_\_\_\_



## Big Brothers Big Sisters of Central California Confidentiality Policy

In order to provide a responsible and professional service to the children served by Big Brothers Big Sisters of Central California (BBBS), it is necessary for volunteers, children and parents/guardians of children to share personal information about themselves and their families. Our agency respects the confidentiality of child, family and volunteer records. We share information from our records only among the agency program staff, with a few exceptions listed below.

Volunteers and families are likely to learn more about each other over time. They are asked to also respect each other's privacy and share only basic information about the other to those not involved in BBBS, unless permission to share more personal information is received.

Records are considered property of BBBS and not agency workers, clients or volunteers. In order to provide service in best interest of the children served, information from clients, volunteers or outside sources, all information must be assessed. Records are available for review by parents/guardians upon written request and approval by the Executive Director.

Information will be released to non-BBBS organizations with receipt of an approved "consent to release of information" form signed by the volunteer and/or parent/guardian of the child.

For purposes of program evaluation, audit, or accreditation, and with prior approval of the Board of Directors in consultation with the Executive Director, Big Brothers Big Sisters of America or their outside designee may have access to the records of volunteers and/or clients.

For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors in consultation with the Executive Director, BBBS of America or their outside designee may have access to the records of volunteers and/or clients.

Board Members may look at client files only upon a formal motion at a board meeting. Motions shall state authorized reviewer, specific purpose for reviewing and the timeframe. Reviewers shall be held to the policies of confidentiality as stated in this document.

Release of information will only be provided to law enforcements or court with a valid subpoena.

Information shall be provided to BBBS of CC's legal counsel in the event of a lawsuit/potential lawsuit involving the agency. Such information is considered privileged and confidentiality is protected by law.

State law mandates that suspected child abuse be reported to the appropriate authorities – County Child Protective Services and/or local law enforcement. All employees of BBBS of CC are required to remain current on reporting requirements and shall always comply with mandated reporting procedures.

If any agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer and child may include such items as age, gender, race, culture, religion, interests, hobbies, family situation, etc.

Participants will be provided a copy of this statement on confidentiality and listed exceptions prior to participating in any agency related activities. By signing below, I indicate my understanding and agreeance to adhere to agency policies.

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Volunteer

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Staff member as witness

