

Thank you for your interest in becoming a volunteer mentor. Please submit completed application via email to **bcbigs.org** /hand deliver, or mail to **Big Brothers Big Sisters of Beaver County 1475 Third Avenue New Brighton, PA 15066**.

All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, gender identity, religion, or national origin. Once we received your completed forms, a case manager will contact you to arrange an office interview.

If you have any questions call 724-843-4600 X32.

GENERAL INFORMATION

First Name:	Middle Name:		Last Name:		
Cell Phone #:	Work Phone #:		Is it okay to text you?		
Home Address:	City:	County:		State:	Zip:
Personal E-mail:	Work E-mail:		Sexual Orientation:		
Social Security Number:		Gender	Gender/Gender Identity: If applicable, maiden name		
Date of Birth:			Married: Yes No		
 American Indian or Alaska Native Asian Black or African American Hispanic or Latinx Native Hawaiian or Pacific Islander White 		e (check all that apply) merican Indian or Alaska Native sian ack or African American ispanic or Latinx ative Hawaiian or Pacific Islander 'hite Yrite in			
Occupation: Emergency Co			ontact:		
Employer:	Leng	gth of Employmer	nt:	Work Hours:	
Highest Level of Education:Are you a studentArea of Study:If yes, please name					

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Do you have current or past	military experience?	s No Dates of Service:			
Branch: 🗌 Air Force 🗌 Army 🗌 Marine Corps 🗌 Navy 🗌 Coast Guard					
Component: Are you retired? Yes No Active National Guard Reserve 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					
Do you have a current and	If yes, state of issue and #:	Do you have a vehicle?			
valid driver's license?	State:	Yes No			
🗌 Yes 🗌 No	Number: Expiration date:	Do you have valid insurance that meets or exceeds state required minimum?			

Have you previously applied to be or served as a Big Brother or Big Sister with any agency in the past?
 Yes No

If yes, when and where?

- 2. Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big?
 - 🗌 Yes 🗌 No

If yes, when and where?

3. Have you ever been involved with or volunteered for another youth organization?

🗌 Yes 🗌 No

If yes, when and where?

4. Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or other youth-serving organization?

🗌 Yes 🗌 No

If yes, when and where?

5. 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

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REFERENCE INFORMATION

Please list information for <u>three</u> references below including:

- 1. Your spouse or domestic partner (i.e., if you live with a significant other/partner) 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.

Reference Name:	Relationship to Applicant:		
Address:	City:	State:	Zip:
Cell Phone #:	Email:		
Reference Name:	Relationship to Applicant:		
Address:	City:	State:	Zip:
Cell Phone #:	Email:		
Reference Name:	Relationship to Applicant:		
Address:	City:	State:	Zip:
Cell Phone #:	Email:	·	·

In addition to the references above, Big Brothers Big Sisters requires references from all <u>youth serving</u> <u>organizations</u> at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization Name:		Direct Supe	rvisor:	
Address:	City:		State:	Zip:
Cell Phone #	E-mail:			
Dates of Involvement/ Employment:				

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Organization Name:		Direct Supervisor:		
Address:	City:		State:	Zip:
Cell Phone #	E-mail:			
Dates of Involvement/ Employment:				

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 the law requires disclosure.
 - a. I understand that detailed accounts of child abuse or neglect, past or present, will be reported to proper authorities.
 - b. 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*).
- 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 (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 9) I agree to complete questionnaires throughout my time in the program to evaluate and improve program services.
- 10) I agree to timely communication and follow-up with all agency staff as required by the agency.

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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, accurate, 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 in my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be the 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 matters. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature:	Date:	

Volunteer Printed Name: ______

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. 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.*

1. Do you have any concerns about your ability to fulfill **the 2 to 3 hours bi-weekly for 18 months** commitment required of mentors?

🗆 Yes 🛛 No

- Do you anticipate any significant life changes over the next year, or have you had any this past year?
 Yes No
 Please describe _____
- Have you ever been accused, arrested, charged, or convicted of a crime?
 Yes No
 Please describe
- Have you had any driving citations and/or moving violations in the past five years?
 □ Yes □ No

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	Please describe
5.	Do you have guns, ammunition, or other weapons in your house?
	□ Yes □ No If yes, please describe the safety precautions in place to protect children.
	Please describe
6.	What languages do you speak fluently?
7.	Do you have any pets? If yes, please indicate any history of aggression.
	🗆 Yes 🛛 No
	Please describe
8.	Would you describe yourself as a person who enjoys:
	\Box watching events or activities \Box actively participating in activities \Box Both
9.	Which do you enjoy more? Indoor Activities Outdoor Activities No Preference
10.	Are you experiencing any medical problems/issues that could affect a match and of which we need
	to be aware?
	🗆 No 🖾 Yes
	Please describe
11.	Would you be able to secure or otherwise make unavailable any youth inappropriate viewing
	materials in your home? (This would include television channels and Internet access.)
	\Box No \Box Yes
12.	Would you be willing to work with a child who has experienced physical, emotional, or sexual
	abuse? 🗆 Yes 🛛 No
	Do you have a preference to race? Question Yes No
14.	In identifying a youth for you to work with, are there any special considerations you want us to
	know about?
	□ No □ Yes Please describe
15.	How long have you lived in the area?
	a. Have you lived in the state of Pennsylvania for the last 10 years consecutively?
	🗆 Yes 🔷 No
I Na	ave answered these questions honestly and completely to the best of my knowledge.
Pri	nted Name:

Signature

Date

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CONSENT AND RELEASE FORM

I, ______, irrevocably consent to any and all uses and displays of my name, image, likeness, appearance, basic biographical information, audio/video recordings, writings, artwork, and the like, in original form or in modified form, in whole or in part, in, on, or in connection with merchandise, advertising, publicity, marketing, fundraising, and the like, in printed or electronic media, of any type, throughout the world at any time by Big Brothers Big Sisters of America and Big Brothers Big Sisters of Beaver County in their sole discretion, and by any of their affiliates, successors, partners, sponsors, donors, any entities or persons with whom they conduct any public relations, marketing, or fund raising of any type, and any other authorized third parties, without further consent from me, without any royalty, payment, or other compensation to me, and with the release and waiver of any claims, actions, damages, losses, costs, expenses and liability of any kind arising from any such use (the "Released Material").

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings, or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I further understand that BBBSA may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSA my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA's and/or its affiliates' editing, alteration, or use of the Released Materials. BBBSA has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSA's exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.

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SIGNATURE:		DATE:
PRINTED NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL ADDRESS:	

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