

VOLUNTEER ENROLLMENT

First Name: Middle Name: Last Name: Date of Birth:

Current Mailing Address: City: County: State: Zip:

Permanent or Parents Address: (For students) City: County: State: Zip:

Email: Home Ph #: Work Ph #: Cell:

Male Social Security #: Employer: Ethnicity:
Female

Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.

Do you have a driver's license? If yes, state of issue and # Expiration date:
Yes No

REFERENCES

Please type or print information requested for four references (preferably individuals who have seen you interact with children): 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years; 4) an alternate reference to be called in the event that one of the others may not be reached.

1. Employer's Name (or school if student): Supervisor's Name (or teacher if a student):

Home Phone #: Work/Cell Phone #: Email:

2. Coworker or Friend:

Home Phone #: Work/Cell Phone #: Email:

3. Spouse/Domestic Partner/Friend:

Home Phone #: Work/Cell Phone #: Email:

4. Alternate Reference:

Home Phone# Work/Cell Phone# Email:

Have you ever applied before (or have been) to be a Big Brother or Big Sister? Where and When:
Yes No

What, if any, other youth organizations have you worked for or been involved with as a volunteer?

If yes, please list contact information Daytime Phone: Email:
Organization:

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
2) I am in no way obligated to perform any volunteer services;
3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
4) BBBS is not obligated to match you with a youth; and,
5) As part of our enrollment processes, we will be asking you to provide additional personal information prior to make any recommendations for assignment.

Signature

Date

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

Occupation: _____

Site location preference: Conway Russellville Batesville Newport

Day of the week/time available to volunteer (Site-based applicant only): _____

1. What is your marital status?

Single Married Divorced Domestic Partner Widow(er)

2. What is the highest level of education you have attained in years? _____

3. Do you have transportation available to see a child? Yes No

4. Which do you enjoy more? Indoor Activities Outdoor Activities

5. Would you describe yourself as a person who enjoys:

Watching events or activities Actively participating in activities Both

6. Have you ever been charged with or convicted of a crime?

No Yes (If yes, we will have you discuss during the in-person interview)

How long have you lived in this area?

7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?

No Yes (If yes, we will have you discuss during the in-person interview)

8. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so, please explain.

No Yes (If yes, we will have you discuss during the in-person interview)

9. Do you speak any foreign languages? Yes _____ No

10. Do you have any guns or ammunition in your house?

No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)

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?

Yes No (If not, we will have you discuss during the in-person interview)

12. Do you have any pets that could potentially scratch or bite a child?

No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)

13. In identifying a youth for you to work with, are there any special considerations you want us to know about?

No Yes If yes, please explain: _____

14. Have you had any driving citations and/or moving violations in the past 5 years?

No Yes If yes, please explain: _____

15. Before we continue with some additional questions about your personal background and life, is there anything else you'd like to tell us about yourself or any questions you may have of me?

Signature

Date

Currently, it costs approximately \$1,000 for Big Brothers Big Sisters (BBBS) to support a match for one year. This cost includes screening and background checks, orientation/enrollment for Bigs & Littles, match support, training, and activities.

While volunteering with BBBS is completely free, we are a privately funded, non-profit organization that relies on the support of our community. Would you be willing to help off-set the cost of your background checks by making a donation of \$15?

- Yes, please accept my tax-deductible donation of \$15 to BBBS.
- No, I cannot donate at this time.

Interest Inventory

Please circle the following activities that you would like to do with your Big or Little.

Baseball	Gardening
Rolling-skating	Hiking
Ice-skating	Visiting Parks
Horseback Riding	Cooking
Camping	Card Games
Picnics	Video Games
Boating	Frisbee
Water Skiing	Shopping
Swimming	Miniature Golf
Board Games	Running
Pool	Nature Activities
Pinball Game	Tennis
Foosball	Racquetball
Golf	Soccer
Ping-Pong	Biking
Go-carts	Chemistry/ Science
Computers	Bowling
Putting together models	Reading
Fishing	Movies
Drawing	Plays/ Theater
Museums	Musical Instruments
Concerts	Fixing Things
Gymnastics	Arts and Crafts
Ballet	Painting
Karate	Farm Work
Ceramics	History
Zoos	Collecting things
Electronics	Football
Sightseeing	Watching sports

Are there other things that you would like to do? Please list them. _____

Central Child Registry

I, _____, give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry to:

Big Brothers Big Sisters of North Central Arkansas
1105 Deer St. – Ste. 12 –
Conway, AR 72032
Attn: Program Director

I authorize and request that one copy of the information be sent to me and that one copy be sent directly to the above address. I understand that all information released will be for the exclusive and confidential use of Big Brothers Big Sisters of North Central Arkansas.

Maiden name and /or other names known by: _____

Date of birth _____ Social Security Number _____

Race/Ethnicity _____ Sex _____

Please list Addresses since 1984

Address From To

Address From To

Address From To

Address From To

Full names and ages of children:

Signature of Applicant

This release must be signed in
The presence of a certified Notary
Public.
Notary
Public _____

County: _____
State: _____

Acknowledged before me this
_____ day of _____

20_____.

My commission

Expires: _____

Motor Vehicle Record

I hereby request and authorize the Arkansas Motor Vehicle Traffic Violation Department to furnish Big Brothers Big Sisters of North Central Arkansas with my motor vehicle record.

I voluntarily waive all rights and recourse and release you from liability for compliance with this authorization.

Signature of Applicant

Date

Full Name (Please Print)

Last

First

Middle

Address:

Maiden Name and/or other names known by:

Date of Birth_____

Driver's License Number_____

Vehicle License Number_____

Social Security Number

Please return to:
Big Brother Big Sister
Of North Central Arkansas
1105 Deer St. – Ste. 12, Conway, AR 72032
(501) 336-9505