



VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit this completed application via email to director@bbbschatt.org; or fax to (423) 493-9863; or hand deliver or mail to: **Big Brothers Big Sisters of Greater Chattanooga, 2015 Bailey Ave., Chattanooga, TN 37404.** If you have any questions, please feel free to contact us at (423) 698-8016.

Along with this application, you will need to submit a front and back copy of your driver’s license (or government issued photo ID). If applying for the Community-Based Program, please provide 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.

Volunteer Programs (select one):

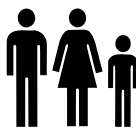
Site/School-Based Program: Volunteers must be 18 years old or older and willing to commit to mentoring their “Little” for at least one year. Volunteers meet with their “Little” once a week for an hour at a school or an after- school site during the academic year.

Community-Based Program: Volunteers must be 21 years old or older and willing to commit to mentoring their “Little” for at least one year. Volunteers spend 4 to 6 hours a month (approx. 2 outings) with their “Little” engaging in a variety of activities in the community. (Circle type of match.)

Big Brother/Big Sister
Mentor individually



Couples Match
Mentor with spouse



Family Match
Mentor with your family



GENERAL INFORMATION

First Name:	Middle Name:	Last Name:	Preferred Name:		
Home Phone #:	Work Phone #:	Cell Phone #:			
Home Address:	City:	County:	State:	Zip:	
Personal E-mail:		Best time to contact you?			
Work E-mail:		Gender:	Date of Birth:		
Marital Status: If applicable, maiden name:					

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-race (check all that apply) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| | <input type="checkbox"/> White |
| | <input type="checkbox"/> Other |

Occupation:

Employer:

May we contact you at work?

Address:

Yes No

Are you a student at this time? Yes No

If yes, please name school:

Referral Source:

- | | |
|--|---|
| <input type="checkbox"/> BBBS board/staff | <input type="checkbox"/> Service Organization |
| <input type="checkbox"/> Other Big | <input type="checkbox"/> Faith Organization |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Special Event or Fundraiser |
| <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Media (TV, newspaper, billboard, etc.) |
| <input type="checkbox"/> Workplace Partnership/Lunch & Learn | <input type="checkbox"/> Web Link |
| <input type="checkbox"/> School/College/University | <input type="checkbox"/> Self |
| <input type="checkbox"/> Fraternity/Sorority | |

Please specify referral source: _____

Do you have a current and valid driver's license? Yes No

Do you have a vehicle? Yes No

Do you have valid insurance that meets or exceeds the state required minimum? Yes No

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 involved with Big Brothers Big Sisters in a capacity other than a Big? 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/special event sponsor
- Helping to recruit volunteers
- Volunteering at agency fundraising events
- Inviting BBBS to speak at a company, school, church, organization, or other group of which I am a member

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.

Spouse/Partner's name:		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Employer or Co-worker (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Friend, Neighbor, or other personal reference:				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		

In addition to the references above, Big Brothers Big Sisters 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.

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:		Reason for leaving:		
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:		Reason for leaving?		
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:		Reason for leaving:		



Authorization to Obtain Volunteer Background Report

I have read the Disclosure Regarding Volunteer Background Report provided by Big Brothers Big Sisters of Greater Chattanooga (Company) and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, www.verifiedvolunteers.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself, and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A summary of your rights under the Fair Credit Reporting Act."

Volunteer Signature: _____ Date: _____

First Name: _____ Middle: _____ Last: _____

Social Security Number: _____ Email: _____

Date of Birth: _____ Phone Number: _____

Driver's License #: _____ Driver's License State: _____ Expiration: _____

Other Names Used (alias, maiden name, etc.): _____

Address History (Within the last seven years):

Address 1: _____ From _____ To _____

Address 2: _____ From _____ To _____

Address 3: _____ From _____ To _____

Address 4: _____ From _____ To _____

State Law Notices Relating to Your Background Report

Washington State Applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California, Massachusetts, Minnesota, New Jersey and Oklahoma Applicants Only: Please check the box to the left if you would like a free copy of any REPORT obtained by COMPANY from Verified Volunteers.

New York Applicants Only: By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.



I consent to and understand that:

- 1) The references and youth serving-organization(s) I listed may be contacted by mail, telephone, email, or in-person;
- 2) For the application to remain active, the agency must receive responses from my references within six weeks of dated request;
- 3) 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;
- 4) I am in no way obligated to perform any volunteer services;
- 5) 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;
- 6) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 7) As part of the enrollment processes, I will be required to provide additional personal information, including completion of pre-match volunteer training (within 14 days) and an in-person interview;
- 8) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 9) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 10) 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*);
- 11) 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.*).
- 12) 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.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, 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 Big Brothers Big Sisters. 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 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 occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature _____ Date _____

If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain background check information:

Parent/Guardian Name: _____ Phone Number: _____

Signature: _____ Date _____



VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer these questions. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. 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.***

- | | |
|---|---|
| <p>1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:</p> | <p>4. Have you had any driving citations and/or moving violations in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:</p> |
| <p>2. Do you anticipate any significant life changes within the next year or have you experienced any this past year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:</p> | <p>5. Do you have guns, ammunition, or other weapons in your house? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:</p> |
| <p>3. Have you ever been accused, arrested, charged, or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:</p> | <p>6. Do you have any physical, emotional, or employment conditions which may limit your success as a mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:</p> |

I have answered these questions honestly and completely to the best of my knowledge.

Name	Signature	Date
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VOLUNTEER MATCH PREFERENCES

Volunteer's Activities and Hobbies:

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

Volunteer's Religion: _____ Volunteer's Sexual Orientation: _____

Volunteer's preferences in a Little: Age: 6-8 9-11 10-12 Child/Family Race: _____

Personality Characteristics: _____

Interests/Hobbies: _____

Child/Family Religion: _____ Child/Family Sexual Orientation: _____

Would you be willing to work with any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Poor Hygiene |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Incarcerated Family Members |
| <input type="checkbox"/> Sexual Identity Questioning | <input type="checkbox"/> Extreme Poverty | |

Geographic locations where you are willing to serve:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
|----------|----------|----------|