



Big Brothers Big Sisters of Wood County

BBBS (Marshfield Location)
110 W 4th Street
Marshfield, WI 54449

Phone: (715) 387-6198
Fax: (715) 384-7145
Web-site: BBBSWOOD.org

BBBS (Wis. Rapids Location)
1921 Baker Drive
Wisconsin Rapids, WI 54494
Phone: (715) 423-3414

VOLUNTEER APPLICATION

First Name:		Middle Initial:	Last Name:		Today's Date:
Home Address:			City/State/Zip		County:
Email:		Home Ph #:	Work Ph#:	Cell Ph #:	Best Time to Contact:
D.O.B.	Occupation:				
Employer:		Employer Address:		State:	Zip:
Work Hours:			Can we contact you at work: Yes No		
How Long Employed:					
Educational Achievement (Please list highest level achieved):					

REFERENCES

We are in need of three personal references from you. In order to process your application, we will need all three references completely filled out, and we will contact each one of them.

Please type or print information requested for three references:

- 1) Your current or past employer who has known you for at least 1 year, if a university student a professor or advisor is sufficient.
- 2) A co-worker, friend, or neighbor who has known you for at least 2 years.
- 3) A close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):		Supervisor's Name (or teacher/professor if a student):			
Address:	City:	State:	Zip:		
Day Phone#:	Fax #:	Email:			
2. Coworker or Friend or Neighbor:					
Address:	City:	State:	Zip:		
Day Phone#:	Fax #:	Email:			
3. Spouse/Domestic Partner/Friend/Neighbor:					
Address:	City:	State:	Zip:		
Day Phone#:	Fax #:	Email:			

ADDITIONAL INFORMATION

What motivated you to want to become a Big Brother or Big Sister? _____

What, if any, other youth organizations have you worked for or been involved with as a volunteer? Please fill out all the information to the best of your ability.

Organization: _____ Dates: _____ Contact: _____
Address: _____
Your Involvement: _____

Have you or a spouse/family member ever been accused, arrested, or charged with sexual abuse or sexual misconduct, or any other crime such as a felony, misdemeanor, etc? _____ If so, explain _____

Are you or a spouse/family member currently involved or previously been involved in psychiatric treatment/counseling? _____ If so, explain _____

Have you or a spouse/family member been treated within the past two years for any drug or alcohol abuse? _____ If so, explain _____

Are you or a spouse/family member currently involved in any drug or alcohol counseling? _____

Has your spouse/family member had any contact with the police or an arrest record? _____ If yes, explain _____

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am not obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records checks, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and
- 5) As part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

I, _____, will take all steps necessary to insure that guns, and other lethal objects are in safe custody and not accessible, so that my Little Brother/Sister is not placed in danger or harmed in any way.

Signature

Date

****You will also be required to provide us with a Copy of your Driver’s License and Auto Insurance Card. Please send it with your application, or give it to the Case Manager at your Volunteer Interview.**

VOLUNTEER AGREEMENT

Big Brothers Big Sisters of Wood County is a nonprofit organization whose mission is to place caring adults in the lives of children. While the program is an interfaith and multicultural one, the desires of the child's parent or guardian are respected in the selection of the appropriate adult for each child.

In determining whether an applicant may be considered for a match and what information shall be communicated to each party involved, consideration must be given to those past and present factors of the health, personality, and behavior of each individual and /or family constellation which professional agency personnel deem, under the circumstances, may have a significant effect upon the relationship. Relevant information shall be provided; however, the name or names of the parties described shall be held confidential before a match is made. Any party has the right to refuse to enter into the match based upon the information so communicated.

The information provided to the parent/guardian of a potential match assignment shall include the following: age, race, religion, sexual orientation, marital status and /or current living situation, a summary of the volunteer's family background, current home life, a description of the home setting, a summary of the volunteer's employment history, hobbies and interests, and an assessment of the volunteer's strengths and limitations as they relate to program participation. Parents/Guardians are encouraged to visit a volunteer's home prior to accepting a potential volunteer applicant. Ultimately, it is the parent and child's decision to accept a potential volunteer for a match with a child.

I acknowledge and agree that (1) I am not obligated, if called upon, to perform the volunteer services herein applied for and the agency is not obligated to assign me a Little Brother/Little Sister, and (2) as a part of the agency's selection process, police records and employment will be checked by professional agency personnel. I certify by my signature below that all of the information given in this application is true and accurate to the best of my knowledge, and I further authorize Big Brothers Big Sisters of Wood County to use proper channels to verify the same. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the agency's exclusion of the applicant/volunteer from further consideration for a match, or if the applicant/volunteer has already been matched, termination of the match.

I give my permission for my picture to be taken for the promotion of the Big Brothers Big Sisters program and utilized for public relations purposes.

Signature _____ Date _____

This form must be signed prior to completion of a volunteer applicant's enrollment in Big Brothers Big Sisters of Wood County's Community-Based Mentoring Programs.

CONSENT TO CONDUCT BACKGROUND CHECKS

Big Brothers Big Sisters is concerned for the safety, well-being, and moral development of children in the program. We want to protect them and get the best possible role models. Some police records may not be detrimental; however, some may indicate a poor risk for helping a child. **Please list all residents from current back for the last 7 years.** The information you provide will be used to conduct a criminal records background check through various local, state, and national databases.

First Name:	Middle Name: _____	Last Name:	Date of Birth:
	Previous Last Names:		
Current Home Address:	City:	County:	State:
			Zip:
From:	To:		
Most Previous Home Address:	City:	County:	State:
			Zip:
From:	To:		
2nd Most Previous Home Address:	City:	County:	State:
			Zip:
From:	To:		
3rd Most Previous Home Address:	City:	County:	State:
			Zip:
From:	To:		
Social Security Number:			
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			

Have your driving privileges ever been suspended or revoked? No Yes
 If yes, please explain the offense and length of suspension or revocation:

Have you ever been arrested, charged, or convicted for a misdemeanor or felony? No Yes
 If yes, list below the offense, dates, jurisdiction location, and disposition:

I hereby authorize a complete police check of me, including juvenile records, and give my consent for any and all information to be released to Big Brothers Big Sisters of Wood County. I understand that this information will be kept confidential.

Signature _____ Date _____

If under the age of 18, signature of a parent/guardian is required.
 Parent/Guardian Signature _____ Date _____

FOR POLICE USE ONLY

Police Record (Please Check one): ___ NO ___ Yes (Please attach)
Police Officer's Signature: _____ **Police Location:** _____

INSURANCE CHECK

Top portion of form to be completed by applicant. (Please use full name and /or middle initial – if married, please include maiden name)

I, _____, do grant permission to Big Brothers Big Sisters of Wood County to contact my automobile insurance company and the Wisconsin Department of Transportation for the purpose of conducting a routine insurance requirement check and driver's record on myself. I understand that the results of these checks are confidential and will be treated as such by Big Brothers Big Sisters.

Driver's License# _____ Insurance Company _____

Date of Birth: _____

Address of Insurance Company: _____

Volunteers Address: _____

Volunteer's Signature: _____ Date: _____

=====

To be completed by Insurance Agency:

Please indicate if the person listed above has a record of automobile insurance with your company.

_____ No

_____ Yes (If yes, please provide the liability dollar amounts covered in the case of an accident.)

Comment:

Agent completing this insurance check:

Name: _____

Title: _____

Date of completion: _____