



# Big Brothers Big Sisters of Wood County

## School Buddy Program

A United Way Partner Program



### Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Other \_\_\_\_\_

Site location preference: \_\_\_\_\_

Day(s) of the week/times(s) available to volunteer: \_\_\_\_\_

Can you fulfill a minimum of one school year commitment? \_\_\_\_\_

Education: (Circle highest grade level completed):

9 10 11 12

College: 1 2 3 4 5 6 7 8

List all residences (within the past two years):

Address:

Dates of Residence:

1. \_\_\_\_\_

2. \_\_\_\_\_

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

Have you ever been arrested or referred to a social worker? \_\_\_\_\_

(If yes, please explain)

Have you sought counseling within the past two years? \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Have you ever been suspected of or charged with physical or sexual abuse to any child? \_\_\_\_\_

What is your sexual preference? (heterosexual, homosexual or bisexual)

Do you speak any foreign languages? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### References

Please type or print information requested for two references:

1) An employer or manager; 2) a co-worker or friend who knows you well

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Big Brothers Big Sisters is an Equal Opportunity Agency. Our practices are without regard to age, race, color, religion, sex, disability, sexual orientation, marital status, pregnancy, national origin, or any other legally protected status in accordance with applicable local, state and federal Anti-discrimination laws.



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Applicant Police Check

I, \_\_\_\_\_, (\_\_\_\_\_),  
(Print Name) Last, First, Middle Maiden or Former Name  
do grant permission to the **Big Brothers Big Sisters of Wood County Agency** to contact the Sheriff's Department and Police Department for the purpose of conducting a routine police check on myself. I understand that this police check is part of the screening process needed to be a volunteer in their School Buddy Program. I also understand that the results of this police check are confidential and will be treated as such by the **Big Brothers Big Sisters of Wood County Agency**.

\_\_\_\_\_  
(Current County/City of Residence)

\_\_\_\_\_  
\*(Previous County/City of Residence)

\_\_\_\_\_  
\*(Previous County/City of Residence)

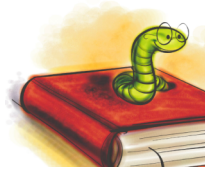
\_\_\_\_\_  
\*(Previous County/City of Residence)

\*If you have been in Wood county for less than one year.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_



# Big Brothers Big Sisters School Buddy Program



## Volunteer Guidelines

### **Volunteer Ground Rules - School Mentoring Program**

1. I understand that seeing my School mentee consistently is one of the most important things I can do as a Mentor, therefore, I will see my mentee once a week.
2. I understand that all contact with my School mentee is restricted to school grounds.
3. I understand that this is a one-to-one relationship between my mentee and me.
4. I understand that I might be privy to personal information about my mentee and his/her family members, which I will keep confidential.
5. I will maintain regular contact with the Big Brothers Big Sisters School Buddy Coordinator by responding to phone calls, e-mails or letters.
6. If a problem arises in my match relationship, or if my place of employment, residence, or telephone number changes, I will notify the Big Brothers Big Sisters Agency immediately.
7. I understand that I will be asked to participate in a program evaluation.
8. I will adhere to school procedure for match visits, including verifying my mentees attendance on match visit days and contacting the school if I am unable to meet with my School mentee.

The information given in this application is correct and accurate to the best of my knowledge. I have reviewed all of my responses before forwarding this document to the Big Brothers Big Sisters Agency.

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

Please, do not hesitate to call the staff at BBBS if you have any questions or concerns, no matter how small they may seem to you.

### Confidentiality Policy

The BBBS of Wood County respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non-BBBS organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.
7. State law mandates that suspected child abuse be reported to the appropriate authorities (name designated state agency).
8. If an 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 report to the local law enforcement authorities.
9. 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 may include such items as: age, sex, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as: age, sex, race, religion, interests, hobbies, family situation, etc.

I agree to program participation under the above conditions.

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Client's/Volunteer's Name

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Date