

Interview Date _____

BIG BROTHERS BIG SISTERS OF DELAWARE COUNTY

VOLUNTEER APPLICATION

220 N. Walnut St.
Muncie, IN 47305
(765) 284-4141

FULL NAME _____ **SEX** _____ **RACE** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

LOCAL ADDRESS _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

WORK PHONE _____ **CAN YOU BE CONTACTED AT WORK?** YES ___ NO ___

E-MAIL ADDRESS _____ **BEST TIME TO CALL YOU** _____

PREVIOUS ADDRESS (IF NOT RESIDENT OF INDIANA FOR PAST 6 MONTHS):

STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____

COUNTY _____

PERMANENT HOME ADDRESS (MAINLY APPLIES TO STUDENTS):

STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____

COUNTY _____

PERMANENT HOME PHONE _____ **WORK** _____

WILL YOU BE STAYING IN THE AREA OVER THE SUMMER? YES ___ NO ___ UNDECIDED ___

FAMILY STATUS: SINGLE ___ MARRIED ___ WIDOWED ___ DIVORCED ___

SPOUSE'S NAME _____ **NUMBER OF CHILDREN** _____

EDUCATIONAL HISTORY:

Please list the **school name**, **year of graduation**, and **degree**

| | | |
|------------------|-------------------|---------------------|
| _____ | _____ | _____ |
| High School/Year | Trade/Year/Degree | College/Year/Degree |

ARE YOU PRESENTLY A STUDENT? _____ **SCHOOL** _____

CURRENT # OF HOURS _____ **ANTICIPATED GRADUATION DATE** _____

FRESHMAN ___ **SOPHOMORE** ___ **JUNIOR** ___ **SENIOR** ___ **GRADUATE STUDENT** ___

EMPLOYMENT HISTORY:

CURRENT EMPLOYER _____ **OCCUPATION** _____

TITLE/POSITION _____ **HOW LONG EMPLOYED** _____

WORK TIME _____ **# OF HOURS PER WEEK** _____

LIST YOUR LAST THREE EMPLOYERS:

| Employer | City/State | Dates of Employment |
|----------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever applied before to be (or have you ever been) a Big Brother or Big Sister?

Yes _____ No _____ Where and when: _____

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

Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? Yes _____ No _____ Where and when: _____

REFERENCES: List the names and daytime phone numbers (between 8:00-5:00) of three references who have known you for at least one year. References preferably include one from past or current employer; one from a co-worker, friend or neighbor; and one from a close family member, spouse, domestic partner, second friend or one from where you have worked directly with youth. Please contact each reference indicating that we will be contacting them and verify their daytime phone number. If reference absolutely cannot be reached during the day, please provide an evening contact number. We will contact all three references as part of the interview process either by telephone, mail or email. Other Big Brothers Big Sisters agencies or youth organizations where you have worked or volunteered may be contacted as references.

Name _____ Relationship to Volunteer _____
Daytime phone _____ Best time to reach _____
Evening phone _____ Email _____

Name _____ Relationship to Volunteer _____
Daytime phone _____ Best time to reach _____
Evening phone _____ Email _____

Name _____ Relationship to Volunteer _____
Daytime phone _____ Best time to reach _____
Evening phone _____ Email _____

The facts set forth in this application to become a Big Brother or Big Sister are true and complete. I understand that if my application is accepted, false statements on this application shall be considered sufficient cause for termination from the program. Also, with the completion of this application and my signature below, I recognize that I am merely applying to become a Big Brother or Big Sister volunteer and that the Big Brothers Big Sisters organization, at this point, is not committed to provide a Little Brother or Little Sister match for me and I am in no way obligated to provide volunteer service. Further, I understand that Big Brothers Big Sisters has a policy in which the agency does not discriminate in the provision of services based on race, age, color, religion, national origin, gender, marital status, sexual orientation, veteran status, or disability.

If accepted for membership, I will take an active part in the match relationship and will abide by the guidelines of Big Brothers Big Sisters of Delaware County. As a Big Brother or Big Sister volunteer I realize that I am being asked to make a minimum commitment of one year, to inform agency staff as to the status of my match relationship, and to see my Little on a consistent basis as agreed upon. I know of no reason why I cannot be accepted to work for the best interest of a child. I hereby give permission for Big Brothers Big Sisters to conduct a background check which may include driving records, criminal background and other records where required by local, state or federal laws for volunteers working with youth.

I also hereby give my permission for Big Brothers Big Sisters to share such pertinent information as is necessary, with the parent of the Little, to ensure a quality match.

Date _____ Signature _____