Thank you for your interest in becoming a Big Brothers or Big Sisters. Please submit completed application via email vsmith@ccysb.com;fax to **(814) 237-2228**; hand deliver or mail to **325 W. Aaron Dr., State College, PA 16803**.

 All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

**GENERAL INFORMATION**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Info Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME:** | **MIDDLE NAME:** | **LAST NAME:** | **Preferred Name:** |
| **Cell Phone#:** |  |  | **Is it okay to text you?**□ Yes □ NoCell Phone Provider: |
| **Home Address:****Current Address:** | **City:** | **County:** | **State:** | **Zip:** |
| **Personal Email:** |  | How do you prefer to be contacted? (Phone, email, time of day, etc.) |
| **Social Security Number:** | **Gender/Pronouns:** | **Marital Status:**If Applicable, maiden name: |
| **Date of Birth:** |
| **Volunteer’s Race/Ethnicity:**□ American Indian or Alaska Native □ Other□ Asian □ Multi-race (Check all that apply)□ Black or African American □ American Indian or Alaska Native□ Hispanic or Latino □ Asian □ Black or African American□ Native Hawaiian or Pacific Islander □ Native Hawaiian or Pacific Islander□ White □ White □ Other |
| **Nationality/Country of Origin:** |
| **EMPLOYER:** | **How Long Employed?** | **Work Hours?** |
| **Prior Work Experience:** | **How Long Employed?** |
| **How Long Will You Be In The Area?** | **Will You Be in The Area Over Summer?** |
| **High School Name include town:** | **Graduation Year:** |
| **Provide Name of Higher Education School(s) and Major(s):** | **Are You Currently A Student?** □ Yes □ NoIf Yes, Please provide Graduation Date: |
| **Do You Have Current of Past Military Experience?**□ Yes □ No | **Dates of Service:** |
| **Branch**: □ Air Force □ Army □ Marine Corps □ Navy □ Coast Guard  |
| **Component:**□ Active □ National Guard □ Reserve | **Are You Retired?** □ Yes □ No**Are You Separated/Discharged (Other Than Retired)?**□ Yes □ No |
| **If Retired, Separated or Discharged, Please Check The Character of Separation/Discharge:**□ Honorable □ General (Under Honorable Conditions)□ Under Other Than Honorable Conditions □ Bad Conduct □ Dishonorable |

***Possession of a driver’s license is required if you will be transporting a program youth in any vehicle you***

***are operating.***

|  |  |  |
| --- | --- | --- |
| **Do You Have A Current and Valid Driver’s License?**□ Yes □ No | **If Yes, State of Issue and Number**:Expiration Date: | **Do You Have Access to a Vehicle?**□ Yes □ No**Do You Have Valid Insurance That Meets or Exceeds State Required** **Minimum?** □ Yes □ No |

1. 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?

2. Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big?

 □ **Yes**  □ **No**

If yes, when and where?

3. Have you ever been involved with or volunteered for another youth organization?

 □ **Yes**  □ **No**

 If yes, when and where?

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4. 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?

5. 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

 □ Helping to recruit volunteers

 □ Volunteering at agency events for matches, Littles, waiting-list children, etc.

 □ Volunteering at agency fundraising events

 □ Inviting BBBS to at a company, church, organization or other group of which I am a member

Please be aware that we conduct a comprehensive check of driving records and criminal backgrounds. We will review all driving, criminal, and non-criminal offenses through our screening process. Please be completely honest in your responses as your answers are confidential and will not necessarily determine your eligibility to participate in our program.

* **Have you been a resident in the state of Pennsylvania for the entirety of the past 10 years?** □ Yes □ No
* **Have you had a moving violation in the past 5 years (ex. Speeding ticket, traffic violation)?** □ Yes □ No

**If yes, explain:**

* **Have you had a vehicular accident in the past 3 years?** □ Yes □ No

**If yes, explain:**

* **Have you ever been charged with a criminal offense; summary, misdemeanor or felony?** □ Yes □ No

**If yes, explain:**

* **Please explain in the space below your involvement in any past or pending legal action.**
* **How did you hear about Big Brothers Big Sisters (ex. Board/Staff, Media, other Big, etc.)?**

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**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 and Relation to you (if no spouse/partner):** |
| Address: | City: | State: | Zip: |
| Day Phone #: | Cell Phone #: | Email Address: |

|  |
| --- |
| **Employer or Co-Worker** (current or past) or **School Personnel** (if you are a student): |
| Address: | City: | State: | Zip: |
| Day Phone #: | Cell Phone #: | Email Address: |

|  |
| --- |
| **Friend, Neighbor, or other personal reference:** |
| Address: | City: | State: | Zip: |
| Day Phone #: | Cell Phone #: | Email Address: |

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**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.**

|  |  |
| --- | --- |
| **Youth Serving Organization Name:** | **Direct Supervisor:** |
| Address: | City: | State: | Zip: |
| Day Phone #: | Cell Phone #: | Email Address: |
| Dates of Involvement/employment:Reason for Leaving: |

|  |  |
| --- | --- |
| **Youth Serving Organization Name:** | **Direct Supervisor:** |
| Address: | City: | State: | Zip: |
| Day Phone #: | Cell Phone #: | Email Address: |
| Dates of Involvement/employment:Reason for Leaving: |

|  |  |
| --- | --- |
| **Youth Serving Organization Name:** | **Direct Supervisor:** |
| Address: | City: | State: | Zip: |
| Day Phone #: | Cell Phone #: | Email Address: |
| Dates of Involvement/employment:Reason for Leaving: |

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Please check the box to indicate which program you would prefer to volunteer with. You will only be matched with one youth.

□ **Community-Based Program**

* **12 Month commitment** to meet once a week for at least one hour with your Little
* You **MUST** have a vehicle, a valid driver’s license and proof of car insurance
* Littles in the program are 5-18 years old
* Littles are referred by numerous sources including parents/guardians, school personnel, social workers, therapists and probation officers
* Littles are in the program voluntarily
* Meetings with the Little are planned according to both of your schedules – the meetings are not supervised by BBBS staff
* There will be weekly interaction with the Little’s parent/guardian as you schedule meetings and during the pick-up and drop-off times at the Little’s home

 □ **Site-Based Program**

* **September – April/May Commitment** to meet once a week at a school site with a Little
* Bigs do not meet with their Little outside of the scheduled meetings within the school
* Littles are referred to the program by school personnel and they are in the program voluntarily
* Meetings are supervised by BBBS staff at a set location: local elementary schools
* Some activities are planned by staff – this program provides more structure than the Community-Based Program
* There is limited interaction between you and the Little’s parent/guardian

**Site-Based Programs are normally run from 3:00pm-5:15pm. Please specify your availability for the Site-Based Programs:** I am available between 3:00pm-5:15pm on the following days-

 Monday\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_

**Refer someone to be a Big!**

Do you know a friend, neighbor or co-worker who would make a great BIG? Please consider listing them below to be contacted, providing them a chance to impact a Little in a Big way!

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I consent to and understand that:**

1. The references and youth serving-organization I listed will be contacted by mail, telephone, email or

in person;

1. 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;
2. I am in no way obligated to perform any volunteer services;
3. 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;
4. Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
5. As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in person interview;
6. 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;
7. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
8. 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);
9. 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, automobile insurance, new criminal charges, etc.);
10. 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 Brother 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 criminal history record check information:**

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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