



Big Brothers Big Sisters
Of Mercer, Auglaize, & Van Wert Counties

Volunteer Application

PLEASE RETURN APPLICATION BY **SEPTMEMBER 11** TO BBBS.

Name _____ T-shirt size _____
 Age _____ Birthdate _____ Gender _____ Race _____
 Social Security Number _____ E-Mail _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone Number _____ Cell Phone Number _____
 Parent/Guardian Name _____
 High School _____ Year in School 9 10 11 12
 Employer _____ Job Title _____
 Can you be contacted at work? Yes No Work Phone _____
 Have you ever been convicted of a crime? Yes No If yes, explain _____

Do you object to the agency running a background check on you? Yes No
 Do you have a current driver's license? Yes No
 If yes, state of issue, license number, & expiration date _____
 Have you ever had any violations against your driving record? Yes No If yes, explain _____

Can you meet with a child after-school during the entire school year? Yes No
 If no, explain _____

- Group Preference: Tuesdays- St. Marys-Intermediate (grades 3-5)
 Wednesdays-Celina (grades 3-4)
 Thursdays-Van Wert (grades 2-5)
 Thursdays-St. Henry (grades 1-4)

What is your preference of:
 The grade level of your Little Buddy? _____
 The race of a Little Buddy? _____
 The gender of your Little Buddy? _____

What do you like to do during your leisure time? _____

What extracurricular activities in school are you involved in? _____

What experience do you have with children? _____





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Are any of these experiences with businesses or organizations? Yes No

If yes, do you have contact information for these organizations? Yes No

If yes, please list (name, phone number or e-mail, address): _____

Please list a name of a teacher that you have had in high school that we contact as a reference for you. _____

Mentor Agreement

As a volunteer for the Buddies Program, I agree to the following:

- *The BBBS agency is not obligated to match me with a youth or accept me into the program.*
- To allow BBBS to contact my school for a reference.
- To attend a training session before beginning.
- To be on time for scheduled meetings.
- To notify the agency if I am unable to keep my weekly meeting.
- To accept assistance from my little buddy's teacher.
- To keep discussions with my little buddy confidential.
- To ask for assistance when I need help with my Little Buddy.
- To notify the agency of changes in my employment, address and phone number.
- To agree to not meet, take, or contact the child off-site. This includes Facebook, e-mail, texts, or phone calls.

Signature

Date

QUESTIONS??? Contact the BBBS office at 419-584-2447, 1-866-670-BBBS, or office@bbbsma.com

There will be a \$20.00 application fee to cover the cost of t-shirt, mailings and processing fees for the School Buddies Program. This fee is non-refundable. Please send with application & parent permission form. Lack of ability to pay the \$20 will NOT eliminate anyone from becoming a Big.

Enclose in envelope:

Signed Application

Mail To: BBBS, 1005 N. Main St, Celina,

Parent Permission Form

OH 45822

\$20 Application Fee





**High School Volunteer
Parent Permission and Reference**

I give permission for my child (please print) _____, to apply as a volunteer with Big Brother Big Sisters Site Based Program (Buddies).

If accepted as a volunteer, I understand that Big Brothers Big Sisters will place my teenager in a one to one relationship with a child. They will work on homework, play games and do crafts together with a child. This is a once a week, 12 month commitment with the hope to return next school year. We do not meet during summer months, but encourage contact during the summer. The staff (Big Brothers Big Sisters) will also call throughout the summer to help maintain contact with your child.

I understand that my son/daughter will provide his/her own transportation to and from Buddy program location.

I understand that to prepare my high school youth for his/her volunteer experience, Big Brothers Big Sisters staff will conduct training and an interview discussing the following points:

- The role of a mentor
- Child abuse prevention and child safety
- Overcoming relationship obstacles and how to work with children

Emergency Contact & Medical Info:

Emergency Contact Person's Name _____

Relationship _____ Telephone _____

Does your child have special needs, medications, allergies or conditions? Yes No

Please list _____

Big Brothers Big Sisters will frequently use media to promote our programs. Do you give permission for Big Brothers Big Sisters to take record, use, display, and/or publish your child's photograph for publicity purposes in connection with the public relations activities of Big Brothers Big Sisters? ___ YES ___ NO

By signing this form I give my child permission be interviewed by a Big Brothers Big Sisters staff member and if they are accepted, I give my consent for my child to volunteer with Big Brothers Big Sisters of Mercer Auglaize & Van Wert Counties .

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____ Email: _____

See Other Side





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The following section is to be filled out by the parent/guardian of the volunteer and provides a reference for your teenager. This helps the staff of Big Brothers Big Sisters determine program eligibility and assists with pairing your adolescent with a younger child.

Are there any safety concerns or anything else that you would have concerns about that we could help your child to manage?

Tell me about a time you observed your child around a child or children?

What were your impressions or feelings about that interaction?

Do you know of any reason why being a Big Buddy may not be the right volunteer experience for your child?

Do you know of any reason why this may not be the best time for your child to commit to being a Big Buddy?

What else would you like to tell us about your child?

We would like to thank you for your answers. We would also like to know if you would be interested in learning more about how you can become involved with our organization. Could we send you some of our materials? Yes No Thanks