



# Big Brothers Big Sisters Independence Region Volunteer Enrollment Form

## VOLUNTEER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Email: \_\_\_\_\_ Can we contact you at work? YES /NO

### Background Check Disclaimer

By signing below I authorize Big Brothers Big Sisters Independence Region to administer a Pennsylvania State Police Check or an FBI check and a Pennsylvania Child Abuse History Clearance. I agree to Big Brothers Big Sisters Southeastern Pennsylvania directly obtaining my results from the Pennsylvania State Police Check or FBI check. I also agree to turn over the original copy of my Pennsylvania Child Abuse History Clearance as soon as it is returned to me in the mail at my home address.

By signing below I recognize that my application does not commit Big Brothers Big Sisters Independence Region to accept me as a volunteer or assign me to a child.

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

### Please provide the following information for the PA State Police Check

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden/Previous Name: \_\_\_\_\_

**Big Respect:** Big Brothers Big Sisters Independence Region does not discriminate on the basis of race, ethnicity, age, sexual orientation, religion, or physical disability.