



Big Brothers Big Sisters
SERVING SOUTHEASTERN PA & SOUTHERN NJ

SCHOOL-BASED VOLUNTEER APPLICATION

PLEASE DO NOT USE PENCIL TO COMPLETE THIS FORM... INK ONLY

Volunteer's Name:		Email (work/school & personal):		
Address:		City:	State:	Zip:
Home Phone:	Work Phone:	Cell phone w/ carrier info (Verizon, AT&T, Sprint...):		
Social Security #:*	DOB:	Gender:	Ethnicity:	
For college students only, please list permanent, non-school address:				

* If you do not have a Social Security # please contact us to discuss next steps

1. Big Brothers Big Sisters Independence Region (BBBS IR) does not discriminate on the basis of race, ethnicity, age, sexual orientation, religion or physical disability.
2. To protect the children in our programs, BBBS IR must administer a PA State Police Check and/or out of state criminal record check, PA Child Abuse History Clearance, Sex Offender Registry check, Department of Motor Vehicle Check, and/or a FBI Check for each person applying to become a Big Brother or Big Sister. *By signing below, I give consent for all listed procedural checks to complete the enrollment process and as needed to update my file.*
3. To further protect the children we serve, BBBS IR may take a photograph of each person applying to be a Big Brother or Big Sister at some point during the enrollment process. A second photograph may be taken at the time of the Big/Little Match Meeting. *By signing below, I give consent for my picture to be taken in both instances.*
4. By signing below I recognize that my application does not commit BBBS IR to accept me as a volunteer or assign me to a child.
5. I am willing to fully participate in the application process as deemed appropriate by BBBS IR.
6. I hereby agree that BBBS IR may disclose any or all information obtained during the application process.
7. I will not transport my child in the BBBS IR program in a private motor vehicle at any time.

Applicant's Name: _____

Signature: _____ Date: _____

BBBS IR use only (SOR Check and DL verification):

Search Results:	Search Date:	Staff Initials:
DL State:	Review Date:	Staff Initials:



Big Brothers Big Sisters
SERVING SOUTHEASTERN PA & SOUTHERN NJ

SCHOOL-BASED VOLUNTEER REFERENCE INFORMATION

Volunteer Name: _____

PLEASE INFORM ALL OF YOUR LISTED REFERENCES THAT WE WILL BE CONTACTING THEM. WE MUST SPEAK TO THEM PRIOR TO YOUR ACCEPTANCE IN OUR PROGRAM.

SPOUSE/IMMEDIATE FAMILY MEMBER:

(If you are married or in a committed relationship and living with your partner, please list that person's information below. If you are not married or in a committed relationship at this time, please provide the required information for an immediate family member.)

Full Name	Relationship	Phone Number (*no email)

PERSONAL REFERENCES:

*(Provide the following information for 2 non-relatives whom you have known for **at least 2 years**)*

Full Name	Relationship	Phone Number	Email Address

EXPERIENCE WITH CHILDREN:

*(Provide **ALL** required information for any formal volunteer or work experiences where you worked directly with a child or children within the past 5 years)*

Name of Organization	Contact person who observed you in your role	General Responsibilities	Phone Number & Email Address	Start Date and End Date

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, _____ (Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to **Big Brothers Big Sisters Independence Region**.

I understand that this information is confidential in nature pursuant to § 6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by the **Big Brothers Big Sisters Independence Region** without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me _____ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from **Big Brothers Big Sisters Independence Region** upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Date

Applicant's Signature

SEND TO:

**Big Brothers Big Sisters Independence Region
760 Constitution Drive, Suite 10
Eagleview Corporate Center
Exton, PA 19341**



Big Brothers Big Sisters
SERVING SOUTHEASTERN PA & SOUTHERN NJ

FBI Check Information Form

Last Name:

Height:

First Name:

Weight:

Date of Birth:

Place of Birth (City and State):

Phone Number:

Social Security Number:

Address: 760 Constitution Drive, Suite 10

Gender:

City: Exton

Race:

State: PA

Eye Color:

Zip Code: 19341

Hair Color:

By signing below, I authorize Big Brothers Big Sisters Independence Region to submit my name for an online registration for a FBI screening.

I give permission for Big Brothers Big Sisters Independence Region to obtain the results of this FBI screening from Cogent Systems. I am aware that upon request, I am able to receive a copy of my results from Big Brothers Big Sisters. If I chose to receive my results directly, I will submit a copy of my results to BBBS IR once I receive them.

Signature: _____

Date: _____

BBBS IR use only:

Registration ID: _____



Big Brothers Big Sisters
SERVING SOUTHEASTERN PA & SOUTHERN NJ

Volunteer Mandated Reporter Agreement

As a volunteer with Big Brothers Big Sisters Independence Region, I am a mandated reporter and am required to make a report if I have reasonable cause to suspect that a child is the victim of abuse. Under the Pennsylvania Child Protective Services Law (CPSL), Section 6311, an individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service and accepts responsibility for a child qualifies as a mandated reporter. I understand the definition of a mandated reporter and understand that I am one based on the definition provided above. I understand that I am required to make a report to Childline at 1-800-932-0313 if I have reasonable cause to suspect child abuse through my role as a volunteer with Big Brothers Big Sisters Independence Region.

Volunteer Name: _____

Signature: _____

Date: _____



SCHOOL-BASED VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Please answer the questions below prior to your in-person interview. The information will speed the application process and help us make a better match with a potential Little. Thank you.

<p>1. Have you previously applied to or been involved with this or any other Big Brothers Big Sisters agency?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>	<p>2. Do you speak any foreign languages?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (if yes, please list them)</p>
<p>4. Are you experiencing any physical or mental health problems, under the care of a physician or mental health professional, have any physical limitations, or on any medication?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>	<p>3. How long have you lived in this area?</p> <p>5. I understand that as a volunteer with BBBS IR, I am required by law to make a report to Childline if I have reasonable cause to suspect that a child is a victim of abuse.</p> <p><input type="checkbox"/> No (If no, we will discuss during the interview)</p> <p><input type="checkbox"/> Yes</p>
<p>6. Do you currently use tobacco?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>	<p>7. Do you currently use illegal drugs?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>
<p>8. Have you had any driving citations and/or moving violations in the past five years?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>	<p>9. Have you ever been convicted of a crime?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>
<p>10. Do you anticipate any significant life changes over the next year or have you had any in the past year (i.e. marriage, divorce, graduation, childbirth, moving, changes in employment, or changes in schooling)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, we will discuss during the interview)</p>	<p>11. What is your understanding of the time commitment expected of a Big?</p> <p><input type="checkbox"/> 2-4 times a week</p> <p><input type="checkbox"/> 5-8 times a month</p> <p><input type="checkbox"/> 2-4 times a month</p> <p><input type="checkbox"/> Once a week for every week I'm at school</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Other, please specify: _____</p>

COLLEGE STUDENTS ONLY

12. Please tell us about your preferences for transportation to your Little's school (check as many as apply to you).

I am willing to walk.

I am willing to take public transportation (BBBS provides tokens).

I have a car and I am willing to drive.

I have a car and I am willing to drive other Bigs.

13. Please tell us about your availability to meet with your Little during lunch (10:30-2:00) or afterschool (2:30-6:00) times.

	Monday	Tuesday	Wednesday	Thursday	Friday
availability between 10:30-2:00					
availability between 2:30-6:00					

Signature: _____

Date: _____