

Big Brothers Big Sisters of Washington County
 1037 Haven Rd.
 Hagerstown, MD 21742
 Phone: 301.739.4711 / Fax: 301.739.8914

Program for which you're applying:

- Community-Based
- Sports Buddies
- Site-Based



Volunteer Application

Thank you for your interest in becoming a Big Brother/Sister. Please submit the completed application via email to t.kline@bbbswcmd.org, fax to **301.739.8914**, or hand deliver or mail it to the address above.

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (*if not used as your government-issued photo ID*), and proof of your current auto insurance, if you plan to volunteer in the Community-Based Mentoring or Sports Buddies Programs. All applications will be given equal consideration regardless of race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status, or disability.

GENERAL INFORMATION

First Name:	Middle Name:	Last Name	Preferred Name :																
Cellphone #:	Home Phone #:	Work Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Home Address:		City:	State: Zip:																
Personal Email:	Work Email:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)																	
Social Security Number:		Gender:	Marital Status:																
Date of Birth:																			
<p>Race/Ethnicity:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Multi-race (check all that apply)</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> <i>American Indian or Alaska Native</i></td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> <i>Asian</i></td> </tr> <tr> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> <i>Black or African American</i></td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td> <td><input type="checkbox"/> <i>Hispanic or Latino</i></td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> <i>White</i></td> </tr> <tr> <td></td> <td><input type="checkbox"/> <i>Other</i></td> </tr> </table>				<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Multi-race (check all that apply)	<input type="checkbox"/> Asian	<input type="checkbox"/> <i>American Indian or Alaska Native</i>	<input type="checkbox"/> Black or African American	<input type="checkbox"/> <i>Asian</i>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> <i>Black or African American</i>	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> <i>Hispanic or Latino</i>	<input type="checkbox"/> White	<input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i>	<input type="checkbox"/> Other	<input type="checkbox"/> <i>White</i>		<input type="checkbox"/> <i>Other</i>
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	<input type="checkbox"/> <i>Other</i>																		
Nationality/Country of Origin: _____																			

Occupation:	Employer:	Length of Employment & Work Hours:
Highest Level of Education:	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:	
Area of Study:		
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service:	
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable *Please include a copy of your Form DD 214.		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #: Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No

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?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No

If yes, when and where?

Have you ever been involved with or volunteered for another youth organization(s)? Yes No

If yes, when and where?

In addition to the references above, Big Brothers Big Sisters of Washington County requires references from all youth serving organizations at which you have worked or volunteered within the last five years. Please list additional on separate page, if needed.

Organization Name:		Direct Supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cellphone #:	Email:		
Dates of Involvement/Employment:				
Reason for Leaving:				
Organization Name:		Direct Supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cellphone #:	Email:		
Dates of Involvement/Employment:				
Reason for Leaving:				
Organization Name:		Direct Supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cellphone #:	Email:		
Dates of Involvement/Employment:				
Reason for Leaving:				

I consent to and understand that:

- 1) The references and youth serving-organization(s) I listed may be contacted by mail, telephone, email, or in-person.
- 2) The information I provided will be used to conduct a layered, multi-jurisdictional (local, state, & federal) criminal background and driving record check, to include a search of public domain records, juvenile and adult criminal history records, military records, and other records where required by local, state, or federal law for volunteers working with youth (*see attached authorization*).
- 3) I am in no way obligated to perform any volunteer services.

- 4) Big Brothers Big Sisters of Washington County (BBBSWC) 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, BBBSWC is not required to disclose reasons for doing so.
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references.
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview.
- 7) 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.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities.
- 9) 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*).
- 10) 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, auto insurance, new criminal charges, etc.*).
- 11) 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 of Washington County (BBBSWC).

I certify that all information I have provided or will provide to BBBSWC, 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 BBBSWC. 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 BBBSWC program, I agree to immediately inform my BBBSWC contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBSWC staff must be fully informed to provide the best guidance or support possible.

Signature: _____ Date: _____

Volunteer Pre-Interview Questionnaire

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

Name: _____

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
Yes No

2. Do you anticipate any significant life changes over the next year or had any this past year?
Yes No

If yes, please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?
Yes No

4. Have you had any driving citations and/or moving violations in the past 5 years?
Yes No

5. Do you have guns, ammunition, or other weapons in your house?
Yes No

6. Are you experiencing any physical or mental health issues?
Yes No

If yes, please describe:

7. Are you currently receiving therapy or counseling?
Yes No

8. Do you speak any foreign languages?
Yes No

9. Is there anything else you'd like to tell us about yourself or any questions that you have?

10. Are there other people living in your household?

Yes No

Provide name, age, relationship to you.

Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:

I have answered these questions honestly and completely to the best of my knowledge.

Signature: _____ Date: _____