



VOLUNTEER ENROLLMENT APPLICATION

County to volunteer: Hills. Pinell. Hernando Pasco Citrus Polk Sumter Other
I would like to be a: Big Brother Big Sister Big Couple
I am interested in: School/Site-Based Community-Based Sports Buddy Don't Know

Have you ever applied to be a Big Brother or Big Sister? No Yes- When and where? _____
Have you ever been involved with Big Brothers Big Sisters in a capacity other than as a Big? No Yes
If Yes, When & Where? _____

First Name:		MI:	Last Name:		Maiden Name:	Nickname:	DOB:
Current Address:			City:		State:	Zip Code:	County:
Home Phone:		Cell Phone:		Work Phone:		E-mail Address:	
Previous Address:			City/State/Zip Code			How long have you lived in Florida? <input type="checkbox"/> Years <input type="checkbox"/> Months	
Social Security Number:			Race:	Ethnicity:		Marital Status: Length of marriage? <input type="checkbox"/> Yrs. <input type="checkbox"/> Mos.	
Employer:		<input type="checkbox"/> N/A		Occupation:		Employed for: <input type="checkbox"/> Yrs. <input type="checkbox"/> Mos.	
School:		<input type="checkbox"/> N/A		Year in School:		Can We Contact You at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer or School Street Address:			City:		State:	Zip Code:	
Driver's License Number:			<input type="checkbox"/> N/A		State issued:	Exp. date: / /	Work and/or School Hours:
Auto Insurance Company:					Policy Number:		
Education: <input type="checkbox"/> Did not graduate High School <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> Vo-Tech <input type="checkbox"/> Some College <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Higher					Military Branch (if applicable):		

BACKGROUND/FAMILY INFORMATION:

Please list information about all others currently living in your household over 18 years of age.

Name	Date of Birth	Relationship

Have you previously been arrested? No Yes, please explain (Be very thorough here, no matter how long ago): _____

REFERENCES: Please supply **three** references that have known you for at least **one year**. Please **substitute** appropriately if self-employed or in school.

Most Recent Supervisor's Name or School Contact Name for Students:		Length of Relationship
Phone Number:	E-mail address:	
Friend/Co-Worker's Name: (circle one)		Length of Relationship
Phone Number:	E-mail address:	
Friend/Co-Worker's Name: (circle one)		Length of Relationship
Phone Number:	E-mail address:	
Spouse/Spouse Equivalent/if none Family Member: (circle one)		Length of Relationship
Phone Number:	E-mail address:	

Please list below ALL youth serving organizations that you have volunteered/worked for in the past. I give permission for Big Brothers Big Sisters to contact the following organizations that I volunteered/worked for in the past. I confirm all information is accurate and ready to be processed.

YOUTH SERVING ORGANIZATION

Agency Name	Contact Name	Phone Number	Date of volunteering/employment

STATEMENT OF UNDERSTANDING AND AUTHORIZATION

Big Brothers Big Sisters of Tampa Bay does not discriminate in any way. However, the desires of the child's parent or guardian are respected in the selection of an appropriate adult mentor for their child. The agency will share any information relevant to the match with the parent or guardian, while withholding the volunteer's name until the physical match is made. Any party has the right to refuse to enter into the match based upon information communicated by the agency staff.

I understand that:

- 1) the references I listed may be contacted by telephone, e-mail, or mail, and I will ask them to cooperate;
- 2) this application in no way obligates me to volunteer;
- 3) the information I provided about myself and household members will be used to conduct a background check, including but not limited to driving records checks, criminal background checks, and other records required by local, state, or federal law and our agency for volunteers working with youth;
- 4) BBBS is not obligated to match me with a youth, and should the agency decide not to match me with a child, the reasons will not be disclosed to me; and
- 5) as a part of BBBS' enrollment processes, I may be asked to provide additional personal information prior to a recommendation for a match.

I understand this **Statement of Understanding and Authorization** and agree to its terms. I confirm that all information provided in this application is true.

Signature

_____/_____/_____
Date

