

Client/ Volunteer/ Mentor Position definitions:

Clients: Completed Client Application Required

Little- a child age 6-14, in need of a mentor.

Mentors: Completed Big Application Required

- Big: A single individual 16 or older who volunteers to mentor a youth for the duration of 1 year.
- Big Couple: Two people 16 or older who reside in the same residence or have and established relationship who volunteers to mentor a youth for the duration of one year.
- Big Families: a family who volunteers to mentor a youth for the duration of one year. Please note all individuals in the house hold 16 or older must submit a completed Big Application

Volunteer: Completed General Volunteer Application Required

- Greeters: The person is the executive of first impressions. Their role is to stand by the front door and welcome guests as they arrive, encourage their sign in and direct them to the activity area.
- Registration staff: Manage registrations process. They are responsible for collecting any dues owned, registering participants as needed and handing out the agenda and supportive documents.
- Event Ambassadors: These individuals are responsible for increasing awareness about the agency or the event being held.
- Activity Leads: These are the event hosts and individual for managing the event from start to finish. They are the MC, the go to person and sample of what should take place.
- Chaperones: Additional volunteers who participate in events and outing to ensure all participants have the proper support and attention.
- Set up: Volunteers responsible for ensuring all necessary materials are ready and available and the event is ready to kick off without a hitch at is start time.
- Clean up staff: These volunteers are responsible for tear down and clean up. They are responsible for ensuring that all items are returned to their proper location, trash is collected, disposed of and taken out and the agency is cleaned, and returned to working conditions.



General Volunteer Application
Application Date
Volunteer Position Sought
Name
Home Address
Work Phone Home Phone
EDUCATION
Highest Level of Education
EMPLOYMENT
Current Employer, if applicable: Position/Title
Dates of Employment (starting, ending)
Company/Employer
Address
Would you like us to keep your employer abreast of your volunteer service and
achievement? No Yes
SKILLS & EXPERIENCE
Special training, skills, hobbies
Groups, clubs, organizational membership's
Please describe your prior volunteer experience (include organization names and dates of
service)
What experiences have you had that may prepare you to work as a volunteer in the field of [description of field, e.g., domestic violence, child abuse prevention, youth recreation, etc.]?
Why do you want to volunteer? [Or, what do you want to gain from this volunteer experience?]
Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? No \square Yes \square Do you have car insurance? No \square Yes \square Do you have a car available for transporting others? \square No \square Yes



REFERENCES

Please list three	people who	know you	J well ar	ıd can	attest to y	our ch	naracter, :	skills,	and
dependability. I	Include your	current or	r last em	ployer					

/	,	1 /	
Name/Organization	Relationship to you	Length of relationship	Phone number

Please check the boxes below to determine the level of volunteering you'd like to participate in.

Volunteer Time Based Commitment Chart	
One hour	 Make cards for an Ready to Match Kid (we are thinking of you) Pen Pal program / ambassador Tell a friend about BBBS (recruiting)
Three – Five hours	 Be a Big Brother or Big Sister Office work (clerical projects) Photographer Activity events (help, coordinate, run events) Tell 10 friends, bring a friend get a gift (spread the word campaign) Small community based events (i.e. staff farmers markets, peace fest, "tabling events" getting our name out there)
Six – Ten Hours	 Participate as a representative for external events Help Coordinate and Help Agency activities Help Coordinate and Run Fundraising events Join the board
Would you like to fund an event?\	YesNo
DONUTIONS AMOUNT:	
In honor of:	



Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Big Brothers Big Sisters that 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 unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Big Brothers Big Sisters or my termination as a volunteer.

understand that misrepresentations or or	missions may be cause for my immediate rejection as an g Brothers Big Sisters or my termination as a volunteer.
Signature	Date
Photographic, Video, Au	udio and Web Consent and Release
	nosha Counties, Inc., often uses photographs, slides, films sipants for educational, programmatic, public relations
or publications produced by Big Brothers	aterial may be used in newsletters, media presentations, s Big Sisters or agencies contracted by or in ther individual addresses nor telephone numbers will be
This form allows you, as a volunteer, to cl or written text used by Big Brothers Big Sis	hoose whether you wish to be in films, videos, illustrations sters.
other recordings, or written text of me. Fu without inspecting or approving the finish Brothers Big Sisters all rights to exhibit this	Big Sisters to make photographs, slides, audio, video urther, I authorize their use, for Big Brothers Big Sisters, hed product or its specific use. I hereby release to Big work publicly or privately, including posting to the Big ay have to receive compensation or additional
	e creation or use of photographs, slides, audio, video, y Big Brothers Big Sisters or in Big Brothers Big Sisters media
Volunteer's Name (Please Print):	
Volunteer's Signature:	Date:
If volunteer is under the age of 18, permi	ssion of the parent or guardian is required.

Parent/Guardian Signature: ______ Date: _____



<u>Authorization to conduct background check</u>

Notice of Intent to Procure Consumer Report (Background Check)

This notice is to inform you that as part of our evaluation procedure for volunteering, employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check).

Authorization to Conduct Background Check:

By signing below, I authorize Information Resources, to conduct an employment-related background check on me and to provide the results to Big Brothers Big Sisters of Racine and Kenosha Counties. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking.

Information Resources will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to Information Resources concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form.

Name:	
Date of Birth	Social Security number
Driver's License Number	
Signature:	Date: