



Big Brothers Big Sisters Of Racine and Kenosha Counties

Date: _____

Age	DOB	M / F	Race	I-94 E W	Email
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Volunteer Application

Name _____ Home Phone _____
First Middle Last

Cell Phone _____

Address _____ Zip Code _____
Street City

Age _____ D.O.B. _____ Social Security Number _____

WI Driver's License Number _____

E-Mail Address _____

List all cities of residence during the last 5 years (excluding present)

List all other maiden or legal names known by _____

List all members of your household (excluding yourself)

<u>Name</u>	<u>Birth date</u>	<u>Name</u>	<u>Birth date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the names and contact telephone number(s) of four references who have known you for at least one year, are at least 18 years of age, and are not a relative or significant other.

<u>Name</u>	<u>Phone (Please list alternate telephone #, if applicable)</u>
_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only

Orientation Date _____

LB/LS _____ Interview Date _____

Match _____ Term _____

State Sex Offender Registry _____ Criminal Record _____ DOTI/DMV _____ CSAP _____

Homevisit Date _____

LB/LS _____ Screening Date _____

Match _____ Term _____

Acceptance / Rejection _____

Volunteer Notified _____ method/date _____

Education Completed:

High Elementary _____ School _____ Trade _____ Beyond College _____ College _____

Present Business:

Name and Address _____

Occupation _____ Supervisor _____

Hours _____ Phone & Ext. _____ May we call you at work? Yes _____ No _____

Any anticipated changes in your vocation? _____

Family Status:

Single _____ Married _____ Divorced _____ Separated _____ Remarried _____ Widowed _____

Number of years married _____ Number of children in family _____

Any anticipated changes in your family? _____

Service Information:

How did you hear about Big Brothers/Big Sisters? _____

Have you ever been a "Big" before? Yes _____ No _____

If yes, where and who was your caseworker? _____

Do you know any current members of Big Brothers/Big Sisters? _____

Do you have any physical or mental conditions that would require special accommodations for your volunteer service? No _____ Yes _____

If yes, please describe _____

Do you sincerely feel that you will be able to see a child on a regular basis during the next year?

(Monthly contact.) Yes _____ No _____

Will you be able to visit your "little" at school, at least once per semester? Yes _____ No _____

Will you be able to maintain monthly contact with your caseworker regarding your match? (Failure to do so will result in the termination of the match.)

Yes _____ No _____

Confidentiality Policy

All agency case files are confidential. Agency staff members have access to volunteer and client case files. All files shall be kept in locked cabinets at the agency except as specified in the agency personnel policy and/or as stated below.

Information from case files will be released upon proper written consent (stating a specific party, specific purpose, and specific period of time) from the individual the information pertains to. Big Brothers Big Sisters will use the appropriate release form to obtain information from other agencies (including, but not limited to, police record checks, NSOPR, DMV Reports, counselor reports, etc.)

Exceptions:

Big Brothers/Big Sisters of America

Shall have access to all files for accreditation purposes.

Program Committee

Designated members of the Program Committee shall have access to the files for the purpose of periodic review to confirm that service standards are being met. See Service Delivery Monitoring Policy.

Volunteer/Client

Before a match is made, information regarding a specific client/volunteer shall be shared with the client/volunteer considering working with the match. Names are not used at this time. After a match is made, the volunteer is considered an extension of the professional staff, and all information is shared so they can better serve the child and deal with their problems. Volunteers are not to discuss their Little with anyone other than agency staff. Clients and volunteers shall not have access to agency files, including their own.

Subpoena or Court Order

Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.

Extent of Policy

This policy applies to everyone associated with Big Brothers/Big Sisters. Violations of the policy will be reported to the Board of Directors for action.

Service Policy Statement

The undersigned acknowledges and agrees that he/she is not obligated, if called upon, to perform the volunteer service herein applied for, and that the Agency is not obligated to assign, or to actively seek to assign, him/her to a child. (Please raise any objection to this policy to your caseworker prior to signing below.)

Signature _____ **Date** _____

Ideal Youth Questionnaire

In order to match you with a child, we need to know some of your feelings about some of the characteristics of children. There are no right or wrong answers. Please check the following items as honestly as possible. Try to mark the items in terms of whether or not you would want or feel comfortable matched to a child with that specific characteristic.

I PREFER	I WILL ACCEPT	I WILL NOT ACCEPT	
1. _____	_____	_____	1. Children who like sports.
2. _____	_____	_____	2. Children who aren't clean.
3. _____	_____	_____	3. Teenage kids.
4. _____	_____	_____	4. Children who use bad language.
5. _____	_____	_____	5. Children who are polite.
6. _____	_____	_____	6. Children who skip school.
7. _____	_____	_____	7. Children who are friendly.
8. _____	_____	_____	8. Children who are shy.
9. _____	_____	_____	9. Children with low self-esteem.
10. _____	_____	_____	10. Children who don't have any friends.
11. _____	_____	_____	11. Children who have a police record.
12. _____	_____	_____	12. Children who are neat and clean.
13. _____	_____	_____	13. Children who say "thank you".
14. _____	_____	_____	14. Children who like their father.
15. _____	_____	_____	15. Children who like mechanical things.
16. _____	_____	_____	16. Children who have a lot of athletic ability.
17. _____	_____	_____	17. Children who have been sexually abused.
18. _____	_____	_____	18. Children who go to church.
19. _____	_____	_____	19. Children who get good grades.
20. _____	_____	_____	20. Children who don't like their mothers or fathers.
21. _____	_____	_____	21. Children who like to make models.
22. _____	_____	_____	22. Children who read a lot.
23. _____	_____	_____	23. Children who are disruptive in school.
24. _____	_____	_____	24. Children who are homely.
25. _____	_____	_____	25. Children from dirty/messy homes.
26. _____	_____	_____	26. Children reaching puberty.
27. _____	_____	_____	27. Children who are loud.
28. _____	_____	_____	28. Children who love their mothers.
29. _____	_____	_____	29. Children who like to cook.
30. _____	_____	_____	30. Children who lack confidence.
31. _____	_____	_____	31. Children who like to hunt & fish.
32. _____	_____	_____	32. Children who are crybabies.
33. _____	_____	_____	33. Children who steal.
34. _____	_____	_____	34. Children who smoke.
35. _____	_____	_____	35. Children who are innocent & pure.
36. _____	_____	_____	36. Children who are overweight.
37. _____	_____	_____	37. Children neglected by their parents.
38. _____	_____	_____	38. Children who are sick often.
39. _____	_____	_____	39. Children who lie.
40. _____	_____	_____	40. Children who work hard.
41. _____	_____	_____	41. Children who want to go to college.
42. _____	_____	_____	42. Children who are lonely.
43. _____	_____	_____	43. Children who are talkative/outgoing.
44. _____	_____	_____	44. Children who cry.
45. _____	_____	_____	45. Children who don't behave.
46. _____	_____	_____	46. Children who have failing grades.
47. _____	_____	_____	47. Children in bad neighborhoods.
48. _____	_____	_____	48. Children who are from welfare families.
49. _____	_____	_____	49. Children who can't sit still.
50. _____	_____	_____	50. Boys who are effeminate or girls who are tomboyish.

1. **Age:** (The children range from 6-17. Please give a specific age and tell us WHY you prefer it.)

2. **Race:** (State your preference and WHY.)

3. **Religion:** (State your preference and WHY. How involved should the child and their family be? What denomination?)

4. **Location:** (Where should they live?)

5. **Behavior of child:** (i.e. hostile, aggressive, passive, delinquent, difficult to control, easy going, etc. Please be specific and give reasons WHY.)

6. **Intelligence:** (i.e. slow learner, average, above average, doing poorly in school, etc. and WHY?)

7. **Activity level:** (i.e. outdoorsy, hyperactive, studious, passive, active, etc. Please be specific and state reasons WHY)

8. **Type of things you want to do with a Little:**

9. **When would you usually see your Little:**

10. **General personality preferred:**

11. **State your past and present experiences with children:**

12. **Reservations:** (What would turn you off most in a child? What are you worried about handling?)

13. **Other comments:**

Photographic, Video, Audio and Web Consent and Release

Big Brothers Big Sisters of Racine and Kenosha Counties, Inc., often uses photographs, slides, films and other images or recordings of participants for educational, programmatic, public relations and accountability purposes.

Such photographs or other illustrative material may be used in newsletters, media presentations, or publications produced by Big Brothers Big Sisters or agencies contracted by or in collaboration Big Brothers Big Sisters. Neither individual addresses nor telephone numbers will be published within these materials.

This form allows you, as a volunteer, to choose whether you wish to be in films, videos, illustrations or written text used by Big Brothers Big Sisters.

____ Yes, I give permission to Big Brothers Big Sisters to make photographs, slides, audio, video other recordings, or written text of me. Further, I authorize their use, for Big Brothers Big Sisters, without inspecting or approving the finished product or its specific use. I hereby release to Big Brothers Big Sisters all rights to exhibit this work publicly or privately, including posting to the Big Brothers Big Sisters. I waive any rights I may have to receive compensation or additional consideration.

____ No, I do not give permission for the creation or use of photographs, slides, audio, video, other recordings, or written text of me by Big Brothers Big Sisters or in Big Brothers Big Sisters media presentations.

Volunteer's Name (Please Print): _____

Volunteer's Signature: _____ Date: _____

If volunteer is under the age of 18, permission of the parent or guardian is required.

Parent/Guardian Signature: _____ Date: _____

Authorization to conduct background check

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: _____