

Big Brothers Big Sisters of Central Texas Volunteer Application

Thank you for your interest in becoming a Big Brother or Big Sister mentor. A Big Brother or Big Sister is someone who has found ways to succeed in life – and cares enough to pass along these lessons. Your involvement as a Big Brother or Big Sister can change a child's life, and can change yours. We appreciate the fact that you are taking the time to complete this application. Volunteers are not excluded on the basis of race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status, or disability.

Submit completed application via email to volunteer@bigmentoring.org, or fax to (512) 472-5460; hand deliver to 4800 Manor Road Building K Austin, TX 78723 or mail to Big Brothers Big Sisters of Central Texas, PO Box 4555 Austin, TX 78765-4555.

Please note: We require \$40 to cover the cost of your background check (this will be requested while scheduling your interview). You will also need to submit a copy of your driver's license and proof of insurance with your application.

Please type or print clearly and complete all fields.

GENERAL INFORMATION

Full Name: _____ Date of Birth: ____/____/____ Gender: M F
Home Address: _____ County: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____
Email: _____ Social Security No: _____ - _____ - _____
Ethnicity: _____ Marital Status: _____ Educational Level: _____
Do you have a driver's license? Yes No If Yes: State of Issue: _____ Number: _____ Exp Date: ____/____/____
Have you ever filed an application with Big Brothers Big Sisters here or anywhere else? Yes No
If Yes, Where and when? _____
Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No
If yes, when and where? _____
Are you an active duty member of the United States Military? Yes No Are you a United States veteran? Yes No
If yes, when and what is/was your rank? _____

REFERRAL SOURCE

Information about how our volunteers hear about BBBS proves very useful to us in our recruitment efforts. Where did you hear about BBBS?

Please check all that apply and provide details in space given.

- | | |
|---|--|
| <input type="checkbox"/> Current/Former Big _____ | <input type="checkbox"/> College Partner _____ |
| <input type="checkbox"/> BBBS Board/Staff _____ | <input type="checkbox"/> Fraternity/Sorority _____ |
| <input type="checkbox"/> Special Event _____ | <input type="checkbox"/> Workplace Partner _____ |
| <input type="checkbox"/> Service Organization _____ | <input type="checkbox"/> TV/Radio _____ |
| <input type="checkbox"/> Website _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Faith Organization _____ | |

EMPLOYMENT INFORMATION

Name of Company: _____ Job Title: _____
Employer Address: _____ City: _____ State: _____ Zip: _____
May we contact you at work? Yes No Length of Employment: _____ Work Hours: _____

Big Brothers Big Sisters of Central Texas Volunteer Application

REFERENCE INFORMATION

Please provide information below for each section unless not applicable (in which case please list N/A). As a "Big" with our organization, you will be solely responsible for the safety and well-being of a child, and it is with this responsibility in mind that we will be asking your references questions of a personal nature. We recommend that you inform your references that we will be in contact.

| | | |
|----|---|--|
| 1. | Name: Spouse/domestic partner required if applicable (if not applicable, please list a close family member) | What is your relationship to this person and for how long have you known them? |
| | Work/Home Phone | Email (required) |
| 2. | Name: Current/former employer/ coworker/ academic reference <u>known at least 1 year</u> | What is your relationship to this person and for how long have you known them? |
| | Work/Home Phone | Email (required) |
| 3. | Name: Friend or community contact <u>known at least 1 year</u> | What is your relationship to this person and for how long have you known them? |
| | Work/Home Phone | Email (required) |
| 4. | Name: If in military, your commanding officer | What is your relationship to this person and for how long have you known them? |
| | Work/Home Phone | Email |

If you have interacted with children while **working or volunteering in the last five years**, please list below each experience as well as a **supervisor, coworker, or peer** who observed your work with children.

| | Your Title | Organization | Reference Name | Phone |
|----|------------|--------------|----------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Big Brothers Big Sisters of Central Texas Volunteer Application

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. We will only release information to a parent with your expressed permission. 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.

Full Name: _____

If answering no to questions 1 through 5 below, we will have you discuss more fully during your in-person interview.

1. Can you make a minimum 12-month commitment to your Little Brother or Little Sister? Yes No
2. Can you meet with your Little Brother or Little Sister 3-4 times per month or about once a week? Yes No
3. Can you spend one-to-one time with your Little Brother/Little Sister during your time together? Yes No
4. Do you have a valid driver's license, current automobile insurance and reliable transportation? Yes No
5. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home, including television channels and Internet access? Yes No

If answering yes to questions 6 through 12 below, we will have you discuss more fully during your in-person interview.

6. Do you have guns or ammunition in your house? No Yes (If yes, we will discuss safety precautions)
7. Do you have any pets? No Yes (If yes, we will discuss necessary safety precautions around youth)
8. Do you have children? No Yes (If yes, what are their ages? _____)
9. Are you experiencing any physical or mental health problems? No Yes
10. Have you ever been accused, arrested, charged, or convicted of a crime? No Yes
11. Have you had any driving citations and/or moving violations in the past 5 years? No Yes
12. Do you anticipate any significant life changes over the next year or had any this past year? No Yes
13. Is there any possibility that you will be moving out of the immediate area in the next year? No Yes
14. How long have you lived in the area? _____
15. Do you speak any foreign languages? Yes No If yes, which ones? _____
16. Would you be willing to be matched with a child whose family only spoke Spanish? Yes No
17. Is there anything else you'd like to tell us about yourself or any questions that you have? _____

I understand that:

1. The references I listed will be contacted by telephone or email;
2. I am in no way obligated to perform any volunteer services;
3. The information I provided may be used to conduct a criminal background check, driving records check, and other records throughout my tenure with BBSS where required by local, state, or federal law for volunteers working with youth;
4. The BBBS agency is not obligated to match me with a youth;
5. Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
6. As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Print Name: _____

Signature: _____

Date: _____

Big Brothers Big Sisters of Central Texas Volunteer Application

LIVING HISTORY

Current Address: _____ City: _____ State: _____ Zip: _____

Dates lived at the above address: _____ Email Address: _____

List all streets, cities, states, zip codes and the dates where you have lived for the past 7 years (**please note if you have lived abroad at any point during this time**):

| | | | | |
|---------|-------|--------|------|------------------------|
| Street: | City: | State: | Zip: | Date From/To: / - / |
| Street: | City: | State: | Zip: | Date From/To: / - / |
| Street: | City: | State: | Zip: | Date From/To: / - / |
| Street: | City: | State: | Zip: | Date From/To: / - / |
| Street: | City: | State: | Zip: | Date From/To: / - / |
| Street: | City: | State: | Zip: | Date From/To: / - / |

Other names used, including maiden name: _____ Years Used: _____

PHOTO/VIDEO/INTERVIEW RELEASE FORM

I hereby grant Big Brothers Big Sisters of Central Texas (BBBS) and its representatives permission to interview/photograph/record video of me and/or use my likeness in photograph(s)/video, in any and all of its agency publicity and recruitment materials, to promote BBBS' one-to-one mentoring programs.

I understand that these items may be used in materials including, but not limited to, BBBS newsletters, brochures, and social media sites such as Facebook and Twitter, and that my participation is strictly voluntary. I authorize use of any photographs/interviews/videos of myself for these purposes, and release and hold harmless BBBS from any liability resulting from the use of these items.

I agree that all originals and reproductions of any likeness produced by and/or for BBBS will remain the property of BBBS. I irrevocably hold BBBS and its agencies and representatives harmless from any and all claims, liabilities, damages, costs and expenses associated with the authorized use of the above materials.

YES; I understand and agree to the above terms (please complete information below).

NO; Do not use my image for your publicity or recruitment purposes.

Big Brothers Big Sisters of Central Texas is dedicated to providing the highest quality of services to our clients, volunteers and stakeholders. If, for any reason, a client or volunteer feels he/she has not been treated fairly or received the service expected, they can contact BBBS at 512-472-5437 to review and be directed through the appropriate steps of the "Client Grievance Procedure" to resolve all matters.

Big Brothers Big Sisters of Central Texas Volunteer Application

VOLUNTEER CONFIDENTIALITY POLICY

Access to Confidential Records

In order for Big Brothers Big Sisters of Central Texas (BBBS) to provide a responsible and professional service to clients, it is necessary for volunteers, clients, and parents/guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of clients and volunteer records and with the exception of situations listed below, shares information about clients and volunteer only among the agency professional staff. The right to confidentiality applies not only to written records, but to video, film, picture, or nonconsensual use of client or volunteer's name or image in agency publications.

All records are considered the property of the agency and not agency workers, clients or volunteer themselves. In order to provide a service, which is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the clients or volunteers themselves. Information gathered from references, criminal history reports, school reports, or counselor reports will not be shared with volunteers or clients. Records are not available for review by the client or the volunteer. This confidentiality also extends to screening committee decisions. These decisions are confidential and the reasons for the committee's decisions will not be divulged to either the volunteer or the client. By signing this statement, you agree that you have read and understand the agency policy on confidentiality and agree to program participation under the guidelines it sets forth.

Limits of Confidentiality

A summary of information only will be released to other individuals or organizations only upon presentation of and authorized "consent to release information" form appropriately signed by the client or volunteer.

Identifying information regarding images of clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.

For matching purposes, if the client or volunteer has given permission, anonymous identifying information such as, but not limited to, age gender, ethnicity, religion, interest, hobbies, marriage, and family status, living situations, and reason for applying to the program will be exchanged between volunteer and client.

For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to use information only for purposes stated in the approval action of the Board of Directors. Known violation of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.

Members of the Board of Directors have access to client files only upon authorizations by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review, and the period of time during which access shall be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violation shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.

Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena. Information shall be provided to the agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information and its confidentiality is protected by law.

State law mandates that suspected child abuse be reported to Child Protective Services. All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures. In the event of alleged child abuse by a current or former volunteer, basic information (name, address, phone number, date of birth, social security number, and driver's license number) will be shared upon written request from a law enforcement agency. If an agency worker receives information indicating that a client or volunteer may be dangerous to him/herself or to others, necessary steps will be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

PLEASE NOTE: Information submitted will be regarded as strictly confidential and will be shared only with authorized persons. Any information that could affect the relationship between volunteer and the child will be disclosed to the parent and volunteer before the match is made.

PLEASE SIGN:

I have read and understand the above document, which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

Print Name: _____

Signature: _____

Date: _____