

Big Brothers Big Sisters in Schools

HIGH SCHOOL BIG APPLICATION

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell #:		
Male Female		School ID #:		Employer: (if employed)				
Address:				City:		State:	Zip:	
Year in School				Ethnicity:				
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #			Expiration date:			
Parents Name		Parents Employer			Parents Work Phone			

REFERENCES

Please type or print information requested for two references: 1) a teacher or school counselor who knows you well; 2) an adult employer, co-worker or friend who has known you for at least 2 years.

1. School Name:			Teacher's or Counselor's Name				
Address:			City:		State:	Zip:	
Day Phone #:		Fax #:			Email:		
2. Employer, Adult Coworker or Friend:							
Address:			City:		State:	Zip:	
Day Phone #:		Fax #:			Email:		
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No					Where and When:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							

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I understand that:

- 1) The references I listed may be contacted by mail, 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 background check, to include driving records check, criminal background check, and other records 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; and,
- 5) As part of the enrollment processes, you will be asked to provide additional personal information prior to make any recommendations for assignment.

Signature

Date

FAX to: 828-253-5403

Or mail to:
BBBS of WNC
50 S. French Broad Ave., Suite 213
Asheville, NC 28801