



ALL INFORMATION ON THIS VOLUNTEER ENROLLMENT FORM IS CONFIDENTIAL

Full Name (no initials) _____ Date of Birth _____

Home Address _____
Street City County State Zip

Local Mailing Address (if different) _____

E-mail Address _____ Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____ Supervisor _____

Employer Address: _____
Street City State Zip

GENDER: Male ___ Female ___ Non-Binary ___

RACE/ETHNICITY: American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Native Hawaiian/Other Pacific Islander ___ White ___ Hispanic/Latin ___

Involvement with a Big Brothers Big Sisters organization: Yes ___ Where: _____ No ___

PROGRAM CHOICE: Please check the program for which you would like to apply. All of the following programs have an enrollment and matching process.

___ **Community-Based Program** (Buncombe, Burke, Cashiers, Cherokee, Haywood, Henderson, Highlands, Polk, Swain)
Youth ages 6-14 are matched with volunteers ages 18+ for one-on-one activities twice a month for a *minimum of one year*. Matches are encouraged to participate in simple, fun activities designed to build a friendship.

___ **School-Based Program** (Buncombe, Burke, Cashiers, Cherokee, Graham, Haywood, Henderson, Polk, Swain)
Volunteers ages 16+ meet with an elementary age child one hour a week during the school day. Matches engage in a variety of relationship-building and academic activities, such as crafts, reading and board games. *Time commitment: minimum of one calendar year.* **Preference of elementary school:** _____

___ **After-School Mentoring Program** (Buncombe, Swain)
Volunteers ages 16 and older are paired with youth for fun activities one hour each week after school at the school or center. *Time commitment: minimum of one calendar year.*

REFERENCES: All information will be treated confidentially and will not be shared.

* **School-Based/After-School Mentoring Programs:** 1) Spouse/significant other (if not applicable, then a family member), 2) work/school or personal reference.

* **Community-Based Program:** Please list 4 persons who have known you for at least a year, specifically.

- 1) Your current or past employer or co-worker,
- 2) A friend who has known you for at least 2 years,
- 3) Your spouse/significant other (if not applicable, then a family member who is familiar with your home environment),
- 4) Someone who has observed you interacting with children (other than your parent).

<u>NAME</u>	<u>CITY</u>	<u>STATE</u>	<u>PHONE #</u>	<u>EMAIL</u>	<u>RELATIONSHIP</u>
1. _____					
2. _____					
3. _____					
4. _____					

LEGAL RECORD: Please list any arrests, convictions, and traffic violations.

<u>Citation/Arrest/Violation Date</u>	<u>Charge</u>	<u>Disposition/Result</u>
1. _____		
2. _____		

Have you been or are you on a Sex Offender Registry in any state? Yes ___ No ___

AUTHORITY FOR RELEASE OF INFORMATION

During the application process and at any time during my service with Big Brothers Big Sisters of WNC (hereafter, "Company"), I hereby authorize First Advantage on behalf of Company to procure criminal, background, motor vehicle, and sex offender registry reports which I understand may include information regarding criminal history, social security verification, motor vehicle records, or other limited background checks specific herein. To this end, I authorize any law enforcement agency, state or federal agency, or information service bureau to furnish background information related to criminal, background, motor vehicle and sex offender registration requested by LexisNexis Screening Solutions Inc., another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, including a copy of any reports generated, should the information furnished have any negative impact upon my application or continued service with Company. *Print or type your ...*

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle	Maiden	Sex	Race
_____			_____	_____	_____
Address on Driver's License (no PO Box)			County	City	State Zip
_____	_____	_____	_____	_____	_____
Social Security Number <small>(for identification purposes only)</small>	Date of Birth	Driver's License #	Expires	State Issued	

 _____	_____
Applicant's Signature	Date

***Please list your residences for the previous 3 years for background check purposes**

1.	_____	_____	_____	_____	_____	_____
	Address (not a PO Box)	County	City	State	Zip	*Dates at this address
2.	_____	_____	_____	_____	_____	_____
	Address (not a PO Box)	County	City	State	Zip	*Dates at this address
3.	_____	_____	_____	_____	_____	_____
	Address (not a PO Box)	County	City	State	Zip	*Dates at this address
4.	_____	_____	_____	_____	_____	_____
	Address (not a PO Box)	County	City	State	Zip	*Dates at this address

REFERENCE RELEASE

I understand it will be necessary for Big Brothers Big Sisters of Western North Carolina, Inc., to check my character references and any references deemed necessary during the application process. I hereby give my consent for this information exchange and authorize such individuals to release information requested by Big Brothers Big Sisters of Western North Carolina, Inc. I understand that the individuals to be contacted will be employers, social services, and other individuals deemed necessary by Big Brothers Big Sisters of Western North Carolina, Inc. Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references. I affirm that this information is accurate and truthful.

 _____	_____
Applicant's Signature	Date

Please return application one of three ways:

Mail: 50 South French Broad Avenue, Room 213, Asheville, NC 28801 * Email: jamyed@bbbswnc.org * FAX 828-253-5403