

Buncombe 253-1470 Henderson 507-6644 Burke 475-9018 Haywood 356-2148 Polk 216-4477 Swain 736-7845 Highlands 399-9133 Cashiers 399-9133 Cherokee 361-0989 Graham 735-0630

ALL INFORMATION ON THIS VOLUNTEER ENROLLMENT FORM IS CONFIDENTIAL

Full Name (no initials)			Date of Birth						
Home Address									
Street Local Mailing Address (if different	A)		City	County	State	Zip			
Local Mailing Address (if differen									
E-mail Address		Home P	e Phone Cell Phone						
Work Phone En	nployer		Supervisor						
Employer Address: Street			City		State	Zip			
Involvement with a Big Brothers F						•			
PROGRAM CHOICE: Please chec		_							
Community-Based Program month for a minimum of one year. In School-Based Program V in a variety of relationship-building a calendar year. Preference of elementary school: After-School Mentoring Prafter school at the school or center. REFERENCES: All information *School-based/ After-School Mentorial *School-based/ After-School Mentorial *Community-based Program: Pleas 1) Your current or past employer or 3) Your spouse/ significant other (if	Youth a Matches are solunteers again academ rogram Volunteer Common will be to pring Prograte to list 4 perseco-worker,	ages 6-14 are matched vencouraged to participal ges 16+ meet with a studic activities, such as cradunteers ages 16 and old itment: minimum of one reated confidentially arms: 1) Spouse/ significants who have known your 2) A friend who has known your arms.	vith volunteers te in simple, f dent one hour ofts, reading and ler are paired to e calendar year and will not b icant other (if ou for at least own you for a	s ages 18+ for one-or run activities designed a week during the solution and board games. <i>Time</i> with youth for fun activities shared. The shared a year, specifically, at least 2 years,	n-one activities and to build a friench hool day. Matche commitment: of the commitment of the commitme	ewice a andship. The sea engage one The each week			
4) Someone who has observed you is	nteracting w	vith children (other than	your parent).						
<u>NAME</u>	<u>CITY</u>	STATE PHO	<u>NE #</u>	** <u>EMAIL</u>	REL	ATIONSHIP			
1									
2									
3									
4									
LEGAL RECORD: Please list any Citation/Arrest/Violation Date	v arrests, co		iolations.	Di	sposition/Resu	<u>lt</u>			

2.							
Have you been or are you on	a Sex Offender Registry	y in any state?	Y	es	No		
	AUTHORITY FOR F	RELEASE OF IT	NFORM	<u>IATION</u>			
During the application process and at First Advantage on behalf of Company include information regarding criminal Fo this end, I authorize any law enforce elated to criminal, background, motor organization acting on behalf of the Continuation shall be as valid as the continued verification, including a cort continued service with Company.	y to procure criminal, background history, social security verificatement agency, state or federate vehicle and sex offender region pany, and/or the Company original. I understand that I ma	und, motor vehicle, and ation, motor vehicle real agency, or information requested by itself. I agree that a fully request a complete	nd sex offectords, or tion service LexisNex acsimile (ender registr other limited e bureau to kis Screening "fax"), electro urate disclosu	y reports which I und background checks furnish background in Solutions Inc., anotheric or photographic cure of the nature and	erstand may specific herein. formation her outside copy of this scope of the	
Last Name	First Name	Midd	le –	Maide	n Sex	Race	
Address on Driver's License (no PO Box)		County	7	City	State	Zip	
Social Security Number for identification purposes only)	Date of Birth	Driver's Lice (include any & a		Expires	State Issu	_ ed	
Applicant's Signature Date							
Please list your residences fo	or the previous 3 years f	for background	check p	urposes			
Address (not a PO Box)	Count	y City	State	Zip	*Dates at this address		
Address (not a PO Box)	Count	y City	State	Zip	*Dates at this address		
Address (not a PO Box)	Count	y City	State	Zip	* Dates at this address		
Address (not a PO Box)	Count	y City	State	Zip	*Dates at this address		
	REFER	ENCE RELEAS	<u>SE</u>				
understand it will be necessary references and any references dexchange and authorize such inc Carolina, Inc. I understand that leemed necessary by Big Brothe where I have worked or volunte	eemed necessary during the lividuals to release inform the individuals to be conters Big Sisters of Western	ne application pro nation requested b acted will be emp North Carolina, I	cess. I he y Big Br loyers, se nc. Othe	ereby give others Big ocial servic er BBBS a	my consent for thi Sisters of Western es, and other indi- gencies or youth o	s information n North viduals rganizations	
Applicant's Signatur	e						

Please return application to: 50 South French Broad Avenue, Suite 213 Asheville, NC 28801

Email: jamyed@bbbswnc.org