



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 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

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 these have an enrollment process.

\_\_\_ **Community-Based Program** 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** Volunteers ages 16+ meet with a student 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: one calendar year.*  
*Preference of elementary school:* \_\_\_\_\_

\_\_\_ **After-School Mentoring Program** 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. _____		

