

FIRST: How did you hear about us? ALL INFORMATION ON THIS VOLUNTEER ENROLLMENT FORM IS CONFIDENTIAL Full Name (no initials)

Date of Birth Home Address City County State Zip **Local Mailing Address (if different)** E-mail Address Home Phone Cell Phone Work Phone _____ Employer _____ Supervisor_____ Employer Address:___ 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). RELATIONSHIP **NAME** CITY STATE LEGAL RECORD: Please list any arrests, convictions, and traffic violations. Citation/Arrest/Violation Date Charge Disposition/Result 1.

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 Companinclude information regarding criminal To this end, I authorize any law enforce elated to criminal, background, motor organization acting on behalf of the Couthorization shall be as valid as the elackground verification, including a corr 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 tion, motor vehicle real agency, or informatistration requested by itself. I agree that a formative request a complete	nd sex offectords, or tion service LexisNex facsimile (ender registr other limited the bureau to kis Screening "fax"), electro urate disclosi	y reports which I under I background checks suffernish background into Solutions Inc., another onic or photographic cure of the nature and suffernished	erstand may specific herein. formation er outside opy of this scope of the
Last Name	First Name	Midd	le –	Maide	n Sex	Race
Address on <i>Driver's License</i> (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 Issue	- ed
Applicant's Signature	2		_	Date	2	
Please list your residences fo	or the previous 3 years t	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 de exchange and authorize such ind Carolina, Inc. I understand that deemed 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 hoy Big Br loyers, so nc. Oth	ereby give others Big ocial servic er BBBS a	my consent for this Sisters of Western es, and other indiv gencies or youth or	s information 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