



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 _____
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. _____		

