



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. _____		

2. _____

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

AUTHORITY FOR RELEASE OF INFORMATION

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Background Investigation Bureau, LLC ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by Background Investigation Bureau, LLC. (BIB), additional third-party organizations acting on behalf of Organization, and/or Organization itself. I authorize BIB, when necessary, to digitally sign any authorizations on my behalf to obtain requested background information. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization or my signature shall be as valid as the original.

➔ Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

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

Applicant's Signature	Date
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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
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**Please return application to:
50 South French Broad Avenue, Suite 213
Asheville, NC 28801
FAX: 253-5403**