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**VOLUNTEER APPLICATION**

*Filled out by Volunteer*

Community Based  Site Based

**General Information** *Please print (in ink) or type. All information is confidential.* **Today's Date:** \_\_\_\_\_

Name (First, Last) \_\_\_\_\_

Are you, or have you been know by any other names/aliases? \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street City State Zip*

Mailing Address: \_\_\_\_\_

*Street City State Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Hours you can be reached: \_\_\_\_\_

**Personal Information**

Male  Female  Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ SSN#: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Marital Status:  Single  Separated  Married  Divorced  Widowed

Living Together (co-habiting without being legally married)

If married, spouse's name: \_\_\_\_\_ How Long? \_\_\_\_\_

Children's Ages: Girls \_\_\_\_\_ Boys \_\_\_\_\_

Number of years you have lived in California \_\_\_\_\_ Previous Address/State/How long? \_\_\_\_\_

Have you ever applied to be, or have you ever been, a Big Brother or Big Sister before? \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

**Employment History: List below your last three employers, starting with the last one first.**

Month & Year	Employer Name & Address	Job Title/ Duties	Reason for Leaving

Military Status \_\_\_\_\_ Branch Served \_\_\_\_\_

How long? \_\_\_\_\_ Type of discharge \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have a driver's license?  Yes  No License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Do you have car insurance? \_\_\_\_\_ Company \_\_\_\_\_

List any clubs or organizations to which you belong \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What is the highest level of education you have attained in years?

- High School  High School Plus (Armed Services, Technical Training, Vocational School)  
 Some College  Associate Degree  Bachelor's Degree  Master's Degree or Higher

Do you know of, or have any reasonable expectation of, any future change in family status, school, work, or vacation that might have some bearing on a long-range relationship with a Little Brother or Little Sister?

Yes or No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## References

Please list names at least four (4) persons who can vouch for your reputation, character and morals. It will help us greatly if you call your references in advance and notify them that we will be calling on your behalf as part of the application process to becoming a Big Brother/Big Sister.

- One reference MUST be a current employer or school reference.
- Two should be current personal references of people who have known you for at least two years.
- The fourth reference should either be a spouse, significant other or family member.
- Also include ANY prior youth serving organizations that you have paid or volunteer experience with

*\*Any information given by your references will be held strictly confidential and will not be shared with applicants*

### Current Employer Reference (preferably your supervisor)

1. Name \_\_\_\_\_ Years known \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

### Personal References (A non-relative whom you have known for over 2 years)

2. Name \_\_\_\_\_ Years known \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

3. Name \_\_\_\_\_ Years known \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

### Spouse/Significant Other/ Family Member Reference

4. Name \_\_\_\_\_ Years known \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

**Prior Youth Serving (Paid or Volunteer) Reference – List ALL If Applicable**

1. Youth Serving Organization Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

2. Youth Serving Organization Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

3. Youth Serving Organization Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Best Time to Contact \_\_\_\_\_ Have you contacted this reference in advance? Yes or No

**Use Additional Sheets of Paper if Necessary for Prior Youth Serving Organization References**

**AUTHORIZATION AND AGREEMENT**

*I, \_\_\_\_\_ having applied to Big Brothers Big Sisters, do hereby authorize any representative of that agency to investigate any and all facts concerning my qualifications for the position for which I have applied, and I authorize the police authorities to release any and all information regarding me that is known to their departments or their personnel.*

*If I am accepted as a Big Brother/Big Sister, I understand my obligation to meet with my Little Brother/Sister regularly and to inform BBBS agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the BBBS staff and discontinue my service if I am requested to do so by the agency.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**Please read before signing:**

Big Brothers Big Sisters of Nevada County does not discriminate according to race, religion, physical handicap, sexual preference or economic status.

I am applying for membership in Big Brothers Big Sisters of Nevada County. I understand that Big Brothers Big Sisters will interview me about my background, motivation, expectations and other personal qualities that might have a bearing on whether I would be an appropriate Big Brother or Big Sister. I understand that Big Brothers Big Sisters will check my driving record, run a fingerprint check, review references, conduct a personality profile and will investigate any and all facts concerning my qualifications for becoming a Big Brother or Big Sister.

I understand that because child safety is Big Brothers Big Sisters first & primary consideration, if at any time, currently or in the future, I obtain a physician’s recommendation for any drug (including marijuana for medical reasons) or a prescription for a pharmaceutical medication I will let BBBS know. If I currently have a physician’s recommendation for marijuana, I understand that I can only apply for a School/Site based match

I understand that the agency has to take the best interest of the children into consideration first. Further, I understand that (1) I am not obligated, if called upon, to perform the volunteer services applied for, and (2) the agency is not obligated to assign, or to actively seek to assign me a Little Brother/ Little Sister.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to the proper authorities.

I understand that certain information about me will be discussed with the parent/ guardian of the Little Brother/ Little Sister. If there are things about me that I do not want repeated, it is my responsibility to discuss this with the case manager.

I agree to keep information discussed with me regarding a potential Little Brother/ Little Sister match confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brothers Big Sisters of Nevada County agency.

If accepted into the program, I agree to maintain automobile insurance during my tenure as a Big Brother/Big Sister.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_