



Grass Valley Office
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 530-265-2059

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 P.O. Box 393
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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 _____