



# Big Brothers Big Sisters®

## VOLUNTEER APPLICATION/REFERENCES

Volunteer Name: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

Which phone number do you prefer we contact you at? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email(s): \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
(If student and unemployed list school currently attending)

Can we contact you at work:  Yes  No Work Days/Hours: \_\_\_\_\_

\*Match Preference Confirmed: Community  SB  Mentor 2.0: if yes,  
ABHS  SVA  No preference

**Referred by:**

- TV  Radio  Friend  Special Event  Always known
- Self  High School Partner  College Partner  Service Organization  Faith Organization
- Website  Corporate Partner  Other \_\_\_\_\_

## REFERENCES

Please provide information requested for 4 references:

1. Employer Reference - (Non-related): \_\_\_\_\_ Best time/day to contact: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Has this reference seen you interact with children? No \_\_\_\_\_ Yes \_\_\_\_\_

*(Employer Reference can be a co-worker, teacher, counselor or pastor, if no previous employer reference is available).*

**2. Spouse/Significant Other that the volunteer is residing with, if applicable:**

**Best time/day to contact:** \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Has this reference seen you interact with children?** No \_\_\_\_\_ Yes \_\_\_\_\_

**3. Adult (Non-related) Reference: Best time/day to contact:** \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Has this reference seen you interact with children?** No \_\_\_\_\_ Yes \_\_\_\_\_

**4. Adult Reference (Optional - Parent(s), sibling(s), other relative):**

**Best time/day to contact:** \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Has this reference seen you interact with children?** No \_\_\_\_\_ Yes \_\_\_\_\_

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match me with a youth;
- 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**