

Big Brothers Big Sisters of Shelby & Darke County, Inc.

BIG BUDDY APPLICATION

Name: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone #: _____ Cell Phone: _____ Sex: _____ D.O.B.: _____

SS# (optional): _____

Age: _____ Grade: _____ School: _____

Parent/Guardian: _____ Parent Employer: _____

Do you have any special needs, medications, allergies, or conditions? _____ Yes _____ No

Please list: _____

(Please Print)

Volunteer time preference: (1.) _____ (2.) _____

(See back of Welcome Buddies form)

Volunteer Time Commitment: (Please check one)

____ Full Year (Oct-May) ____ Half Year (please indicate date available for program) _____

What extra curricular activities (sports, etc.) or work obligations are you involved with that would affect your ability to mentor? _____

Name of Guidance Counselor: _____

References:

1. Please list the complete names, addresses, and daytime phone numbers of two teachers who can vouch for your reputation, character, and morals. The teachers must have known you for at least one year and be a non-relative.

1. Name: _____ Phone _____

E-mail Address: _____

Address: _____

City, State, Zip: _____

2. Name: _____ Phone _____

E-mail Address: _____

Address: _____

City, State, Zip: _____

MENTOR AGREEMENT

As a volunteer for the Big Buddies Mentoring Program, I agree to the following:

- To be on time for scheduled meetings.
 - To notify the agency if I am unable to keep my scheduled meeting.
 - To engage in the relationship with an open mind.
 - To keep discussions with my Little confidential (other than from BBBS Staff)
 - To ask for assistance when I need help with my Little Brother or Sister.
 - To notify the agency of changes in my employment, address and phone number.
 - To not exchange phone numbers with any Little involved in the program.
 - To not schedule any outside activities (other than the ones planned by BBBS staff) with any child in the program.
- * To be responsible for my own transportation to and from Big Buddies sessions.

(OVER)

CONTACT POLICY

I agree that I will limit my participation in the Big Brothers Big Sisters supported mentoring program to activities outlined in the program guidelines and only on the designated evenings specified by Bug Brothers Big Sisters of Shelby & Darke County, Inc.

I understand that this agreement means that I am not to exchange telephone numbers with any “Little” participant, I am not to arrange outings outside of the Big Buddies program, nor am I to provide transportation for any “Little” participant.

I understand that seeing my Little Buddy consistently is one of the most important things I can do as a mentor; therefore, I will see my Little on assigned Buddy nights.

Although our focus is on the Little, please remember that the staff at BBBS is here for you, our volunteers, also. Please do not hesitate to call us if you have any questions or concerns, no matter how small they may seem to you.

VOLUNTEER POLICY

The undersigned acknowledges and agrees that:

I agree to limit my participation in this Big Brothers Big Sisters site-based mentoring program to activities outlined in the Program Guidelines. If I would like to extend my mentoring relationship beyond the Program Guidelines, I understand that I must contact the Big Brothers Big Sisters representative in this program to discuss my interest and to complete any additional screening procedures that may be required.

I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other person, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested to Personnel Security, Inc. and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

Big Brothers Big Sisters reserves the right to reject a candidate for any reason that the association, in its sole judgment, determines will or may affect either the best interests of the children/youth or Big Brothers Big Sisters OF Shelby & Darke County, Inc. Furthermore, Big Brothers Big Sisters reserves the right to withhold the reason(s) for such refusal.

I have been given a copy of the Big Brothers Big Sisters of Shelby & Darke County Mentor Manual. I agree to program participation under the conditions it sets forth.

A copy of this release is acceptable in lieu of the original.

_____ I **DO/DO NOT (Please Circle One)** consent to the use of identifying information in print, video, films and photographs for publicity/promotion by Big Brothers Big Sisters

The undersigned expressly agrees to the above stated conditions in applying as a volunteer with Big Brothers Big Sisters.

Signature of Volunteer: _____ Date: _____

Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Thank you for your time and interest in the Big Brothers Big Sisters Program!