



HIGH SCHOOL BIG – BIG BUDDIES APPLICATION

Name: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Gender: _____ D.O.B.: _____

T-shirt Size: S M L XL XXL Other: _____ Age: _____ Grade: _____

School: _____ Guidance Counselor: _____

Parent/Guardian names (please list all): _____

Parent Employer: _____

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

If yes, please list: _____

Volunteer school preference: Jackson Center Lunch Buddies Sidney Middle School Lunch Buddies

Volunteer Time Commitment: *(Please check one)*

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

Since this is a program happening during the school day, do you envision any schedule conflicts that could come up? _____

References:

Please list the complete names, daytime phone number, and email address of one teacher, coach, or school staff member and one parent who can vouch for your reputation, character, and morals.

**If you are a returning mentor you do not need to fill out this part.*

TEACHER/COACH/SCHOOL STAFF MEMBER REFERENCE

1. Name: _____ Phone _____

E-mail Address: _____

PARENT REFERENCE

2. Name: _____ Phone _____

E-mail Address: _____

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 or school contact person 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 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 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.
- Upon completion of the interview and orientation, you will be given a Big Brothers Big Sisters of Shelby & Darke County Mentor Manual. I agree to program participation under the conditions it sets forth.
- I 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!