



Big Brothers Big Sisters
 of Fayette County
 P.O. Box 520
 Connersville, IN 47331-0520

AFTER SCHOOL VOLUNTEER APPLICATION

Please provide the information below for an Application for the program

Name:	Birthdate:
Address:	Home Phone:
Email:	Cell Phone:
Employer (or grade if student):	Work Phone:
Social Security # (if known):	Best way to Contact: <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone <input type="checkbox"/> Other
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #:

REFERENCES

Please type or print information requested for three references:

- 1) An adult who knows you from work (or school)
- 2) A friend or neighbor who has known you for at least 2 years
- 3) A close family member (parent/spouse) or a second friend who has known you for at least 2 years.

1. Work reference (or teacher if student):		Supervisor's Name (or teacher if student):	
How do you know this person:			
Address:	City:	State:	Zip:
Phone #:	Fax #:	Email:	
2. Coworker or Friend/Neighbor:			
How do you know this person:			
Address:	City:	State:	Zip:
Phone #:	Fax #:	Email:	
3. Parent/Spouse/Friend:			
How do you know this person:			
Address:	City:	State:	Zip:
Phone #:	Fax #:	Email:	



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Have you ever applied before (or have been) to a Big Brother or Big Sister)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where and When:
What, if any, other youth organizations have you work for or been involved with as a volunteer?
Have you ever been involved with Big Brothers Big Sisters other than a Big? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where and When:
What activities/organizations do you participate in?
How did you hear about Big Brothers Big Sisters?

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
6. As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.
7. I agree to allow BBBS to use photograph(s) and brief description(s) of me for recruitment purposes, and hereby release BBBS from any and all liability, known or unknown in connection with such publication.
8. I agree to allow BBBS to share non-confidential information about me with match individuals.
9. I agree to allow BBBS to seek further information about my background from other agencies.

If I am enrolled in the program I agree to:

1. Do my best to attend my assigned sessions and to call BBBS or The Link in the event of my absence.
2. Be on time and to sign in with supervising staff.
3. Do my best to develop a positive friendship and encourage academic success.
4. Limit my interaction to program sessions only. I will not plan to see any children outside of the program.
5. I agree not to be alone with any child during the program, including the bathrooms. I will ask staff to supervise if we move locations.
6. Complete and turn in the monthly feedback sheet. Be available to BBBS staff for follow-up interviews and to fill out self-assessment forms in a timely manner.
7. Communicate in a timely manner any concerns, problems or relevant information to BBBS on-site staff.

Signature: _____

Date: _____

For High School Applicants Only:

I give permission for my child to participate in Big Brothers Big Sisters after-school program.

Parent's Signature: _____

Date: _____



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AFTER SCHOOL VOLUNTEER PRE-INTERVIEW

Please answer the questions below. We will only release information to a potential match with your expressed permission. The information you give will also help us make a better match for you.

Your Name: _____ Date: _____

Preferred site location: _____
(Elementary school or Regenstrief Community Youth Center)

Day of the week/time available to volunteer: _____

What is your marital status?

Single Married Divorced Domestic Partner Widow(er)

Would you describe yourself as a person who enjoys:

Watching events or activities Actively participating in activities Both

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

Name of current employer or school (if student): _____

Do you have transportation available to your selected site? Yes No

In identifying a youth for you to work with, are there any special considerations you want us to know about?

No Yes (If yes, we will have you discuss during the in-person interview)

Are you experiencing any physical/mental health problems/issues that could affect a match?

No Yes (If yes, we will have you discuss during the in-person interview)

Have you ever been charged with or convicted of a crime?

No Yes (If yes, we will have you discuss during the in-person interview)

How long have you lived in this area?

Do you anticipate any significant life changes over the next year or have you had any in the past year? If so please explain.

No Yes (If yes, we will have you discuss during the in-person interview)

Do you speak any foreign languages? Yes _____ No

If there is anything else you'd like to tell us, write it on the back of this sheet.

Signature: _____ Date: _____



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AFTER SCHOOL VOLUNTEER INTERVIEW

Mentor Name:	Date:
1. What experience do you have working with youth?	
2. Why are you interested in working with youth now?	
3. What do you expect from your youth partner and from the program?	
4. What type of feedback will keep you motivated and engaged in the program?	
5. What do you like most about your job/school?	
6. How do you spend your free time?	
7. Can you commit to mentoring one day a week for an hour? What conflicts might you have?	
8. What qualities do you think you have that would make you a good role model for a child?	
9. Do you expect to have any changes in your school, job or life within the next few months?	
10. Check the words that describe you: <input type="checkbox"/> Flexible <input type="checkbox"/> Patient <input type="checkbox"/> Shy <input type="checkbox"/> Outgoing <input type="checkbox"/> Punctual <input type="checkbox"/> Good Listener <input type="checkbox"/> Athletic/Active <input type="checkbox"/> Musical <input type="checkbox"/> Other:	
11. In what school subjects would you feel most comfortable helping a child? <input type="checkbox"/> Language Arts (English/Reading) <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Making friends <input type="checkbox"/> Other:	
12. Are there any situations (e.g. ADD, ADHD, history of abuse) involving a child you would not feel comfortable working with?	
13. If a child is misbehaving how would you handle the situation or redirect them?	
14. Would you be willing to work with a child of the opposite sex? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Would you be available to mentor for more than one school semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Would you be interested in meeting weekly or monthly with other volunteers and staff to help improve the program?	
For Office Use Only:	
Assessment of mentor	
Program Coordinator Signature:	
Date:	

Use back of paper or additional paper if you need more space to respond



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PARENT PERMISSION FOR HIGH SCHOOL BIGS

I, _____ give permission for my son/daughter,

_____ to volunteer as a High School Big Brother
or Big Sister. I understand that the minimum time she/he will be volunteering is one
school semester, and that she/he will spend an hour each week with an elementary school
student. I understand that his/her involvement in the Big Brothers Big Sisters program
will be under the guidance of Big Brothers Big Sisters Staff. Transportation is the
responsibility of _____.

I feel this is a good opportunity for my son/daughter and fully support and recommend
his/her involvement with the program. Please accept this permission form as a positive
reference for my daughter/son to participate in this program.

I hereby certify that my son/daughter has **NOT** been involved with the juvenile justice system or
had trouble with the law. If this is not the case I will contact Big Brothers Big Sisters to explain.

Any other comments/recommendations I have for my son/daughter to be a mentor: _____

If I have any concerns about my son/daughter volunteering for this type of position, I will
contact Big Brothers Big Sisters directly at (765)825-8111 or bbbsfayette@gmail.com.

Parent Signature

Date