



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

APPLICATION TO BE A BIG BROTHER/BIG SISTER

Note: Volunteers are not required to submit a formal application prior to the in-person interview. Rather, they provide certain identifying and demographic information, list references, and give consent for the criminal background check. The information to be collected as represented on this form may be collected through a variety of means (directly entering demographic data into a database, separate criminal check form, etc.). Also, if previously involved with another BBBS organization or youth organization, these will be contacted to verify individual's involvement

First Name:		Middle Name:		Last Name:	
Date of Birth:		Email:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	County:	State:	Zip:
Home phone:	Work:	Cell:		Social Security #:	
Employer:	Address:		City, State:		Zip:
Occupation:	Ethnicity:	Marital Status:	Highest level of Education:		
Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work hours:		Duration employed:		
Do you have a driver's license? * <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #:		Expiration date:		

*Possession of a driver's license is not a requirement to participate in all of our programs, but is required if you will be transporting a youth in any vehicle you are operating.

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker, friend or neighbor who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):		Supervisor's Name (or teacher if student):			
Address:		City:		State:	Zip:
Phone #:		Fax #:		Email:	
2. Coworker or Friend/Neighbor:					
Address:		City:		State:	Zip:
Phone #:		Fax #:		Email:	



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3. Spouse/Domestic partner/Friend:			
Address:	City:	State:	Zip:
Phone #:	Fax #:	Email:	

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 before with Big Brothers Big Sisters in a capacity other than a Big? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where and When:

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.

Signature: _____ Date: _____



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VOLUNTEER’S INTERESTS – ACTIVITIES

Name: _____ Date: _____

Check all activities you like or would like to learn about:

- | | | | |
|--------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Picnics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Football | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Jogging |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Skating | <input type="checkbox"/> Boating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Cooking | <input type="checkbox"/> Shopping | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Crafts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Movies | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Games | <input type="checkbox"/> Sewing | <input type="checkbox"/> Video Games | <input type="checkbox"/> Art |
| <input type="checkbox"/> Traveling | <input type="checkbox"/> Collecting | <input type="checkbox"/> Cars | <input type="checkbox"/> Horses |

1. What is your favorite thing to do in your leisure time?

2. What is your least favorite thing to do in your leisure time?

3. Do you have any hobbies? If yes, please list.

4. What are your favorite sports to watch or participate in?

5. What activities would you like to share with your match?

6. What social organizations do you belong to?
