

Big Brothers Big Sisters in Schools

HIGH SCHOOL BIG APPLICATION

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell #:		
Male Female		Social Security #:		Employer: (if employed)				
Address:				City: State:		Zip	Telephone:	
Year in School				Ethnicity:				
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #			Expiration date:			
Parents Name		Parents Employer			Parents Work Phone			
Emergency contact:		Relationship:			Telephone #'s:			
Attach signed parent permission Form: Yes ____ No ____		Criminal Release Form 17 years or older, must be notarized:			Criminal Release Form Under 17, follow up on 17 th birthday on:			

REFERENCES

Please type or print information requested for two references: 1) a teacher or school counselor who knows you well; 2) an adult employer, co-worker or friend who has known you for at least 2 years.

1. School Name:			Teacher's or Counselor's Name				
Address:			City:		State:	Zip:	
Day Phone #:		Fax #:			Email:		
2. Employer, Adult Co-worker or Friend:							
Address:			City:		State:	Zip:	

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Day Phone #:	Fax #:	Email:
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes ____ No ____		Where and When:
What, if any, other youth organizations have you worked for or been involved with as a volunteer?		
Do you have a driver's license? Yes No State _____ License Number _____ Expiration Date _____ Do you have car insurance? Yes No Name of the insurance company _____ Attach a copy of your insurance card – your name must be on card.		
Do you sincerely feel that you can meet the minimum standard of spending at -- School/Site Based – an hour a week with your little brother/sister? Yes No -or- Community Based – 3 to 4 hours every other week with your little brother/sister? Yes No and To remain in the program for at least one year after being matched? Yes No		

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; and,
- 5) As part of the enrollment processes, you will be asked to provide additional personal information prior to make any recommendations for assignment.

VOLUNTEER AGREEMENT

In order for BBBS of Greater Manchester to provide a responsible and professional service to clients, it is necessary for volunteers, clients and parent/guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exceptions of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of client or volunteer's name in agency publications.

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All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. In order to provide a service, which is in the best interest of the children served by the program, information from outside sources, including confidential records must be assessed along with information gained from the client, their family or their parent/guardian or volunteers.

1. State law mandates that suspected child abuse be reported to the State of NH, Division of Children and Youth Services, Department of Protective Services. All workers shall comply with mandated reporting procedures.
2. If an agency worker receives information that would indicate that a client or volunteer was dangerous to themselves or others, necessary steps shall be taken to protect the appropriate parties. Each match party shall have the right to refuse the proposed match based on the information provided. The information shared shall be:

- a. Volunteers age, sex, race, religion, interests, hobbies, marriage and family status, living situations, reasons for applying to the program and a summary of why the individual was chosen for the particular match.
- b. Child age, sex, race, religion, interests, hobbies, family situation, living situation, a summary of why the individual was chosen for the particular match.

I HAVE READ AND UNDERSTAND THE ABOVE DOCUMENT WHICH STATES THE AGENCY POLICY WITH RESPECT TO CONFIDENTIALITY OF CLIENT AND VOLUNTEER RECORDS. I AGREE TO PROGRAM PARTICIPATION UNDER THE CONDITIONS IT SETS FORTH.

I AGREE THAT:

- (1) I AM NOT OBLIGATED TO PERFORM THE VOLUNTEER SERVICES OF BIG BROTHER OR BIG SISTER HEREIN APPLIED FOR, AND THAT*
- (1) THE AGENCY IS NOT OBLIGATED TO ASSIGN OR ACTIVELY SEEK TO ASSIGN ME TO A LITTLE BROTHER/SISTER AND*
- (2) AS PART OF THE AGENCY MATCHING PROCESS, ADDITIONAL PERSONAL INFORMATION WILL BE ELICITED FROM ME BY THE AGENCY AND ITS PERSONNEL. I UNDERSTAND THAT THE AGENCY HAS THE ELIGIBILITY CRITERIA THAT WILL BE TAKEN INTO CONSIDERATION AS MY APPLICATION IS REVIEWED.*

Signature

Date