

APPLICATION CHECKLIST

All of the following items are required in order to provide a complete volunteer application, and will be kept in your volunteer file. Please note that BBSVC staff reserve the right to reject a volunteer applicant at any time for any reason, and are not obligated to disclose the reason (BBBS of America Policy and Best Practices).

- **BIG APPLICATION PACKET**
 - Volunteer Information Sheets & References
 - Waivers and Consent Forms
 - Therapist Consent Form
 - Social Media Policy
 - Talent Release
 - Consent for Background Check and Policy Acknowledgments
- **DOCUMENTS (Photocopy, Scan, Fax, Text)**
 - Driver's License*
 - Proof of Car Insurance Coverage*
 - Recent Photograph
- **\$40 PAYMENT**
 - This will cover the agency's required LiveScan and layered background check.
 - Payment can be made via check or credit card (submitted over the phone or online at bbsvc.org/donate). *Please do not mail cash.*
- **You may submit these items via:**
 - info@bbsvc.org
 - FAX 805-484-3859
 - Hardcopy mail or drop-off at
2435 Ventura Blvd, Suite A, Camarillo 93010

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

Please print all information clearly and clearly differentiate from numbers and letter that may appear similar (ex: "l" and "1").
For any questions, email or call 805.484.2282.

VOLUNTEER INFORMATION

First Name	Middle Name	Last Name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 90%;" type="text"/>	Social Security # <input style="width: 90%;" type="text"/>
Gender <input style="width: 90%;" type="text"/>	Ethnicity <input style="width: 90%;" type="text"/>	Fluent Languages <input style="width: 90%;" type="text"/>
Driver's License State & Number	<input style="width: 90%;" type="text"/>	DL Exp Date <input style="width: 90%;" type="text"/>
Home Address <small>incl apartment #'s</small>	<input style="width: 90%;" type="text"/>	
City	<input style="width: 90%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>
Email Address	<input style="width: 90%;" type="text"/>	
Cell Phone	<input style="width: 90%;" type="text"/>	Home Phone <input style="width: 90%;" type="text"/>
Employer	<input style="width: 90%;" type="text"/>	Occupation/Title <input style="width: 90%;" type="text"/>
Work Address <small>incl apt/suite #'s</small>	<input style="width: 90%;" type="text"/>	
City, State	<input style="width: 90%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>
Relationship Status	<input style="width: 90%;" type="text"/>	# of Children/Ages <input style="width: 90%;" type="text"/>

EMERGENCY CONTACT INFORMATION

Name	<input type="text"/>	Relationship to You	<input type="text"/>
Address, City	<input type="text"/>	Zip Code	<input type="text"/>
Email Address	<input type="text"/>		
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>

REFERENCES (WHO HAVE KNOWN YOU FOR AT LEAST 2 YEARS)

BBSVC must be able to contact all references provided; please note that inability to reach these contacts means we will need to get information for additional contacts, which can delay your application process.

1. PARTNER, SPOUSE, OR ROOMMATE (their name and relationship to you)

<input type="text"/>	Years Known	<input type="text"/>	
City, State, Zip	<input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>		

2. EMPLOYER OR SCHOOL (if student), and name of Supervisor or Teacher

<input type="text"/>	Years Known	<input type="text"/>	
City, State, Zip	<input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>		

3. OTHER REFERENCE, NOT RELATED TO YOU (their name and relationship to you)

<input type="text"/>	Years Known	<input type="text"/>	
City, State, Zip	<input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>		

VOLUNTEER EXPERIENCES (ATTACH AN EXTRA SHEET FOR ANY ADDITIONAL EXPERIENCES)

1. YOUTH-RELATED VOLUNTEER EXPERIENCE (Name of Organization and Contact Name)

<input type="text"/>	Volunteer Dates	<input type="text"/>	
City, State, Zip	<input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>		

2. OTHER VOLUNTEER EXPERIENCE (Name of Organization and Contact Name)

<input type="text"/>	Volunteer Dates	<input type="text"/>	
City, State, Zip	<input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>		

IDENTITY & PERSONAL EXPERIENCES (ATTACH AN EXTRA SHEET IF NECESSARY)

What is important about your identity or you personally that you'd like for us to know?

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

Have you ever been arrested for, charged with, or convicted of a crime?
If yes, please explain.

Do you have any questions or requests for the Match Support Specialist who will be interviewing you?

PROGRAM AREAS OF INTEREST

Check off what program areas and mentoring opportunities are of specific interest or importance to you.

- | | |
|---|---|
| <input type="checkbox"/> Exploring similar hobbies, goals, or interests (Specify here: _____) | <input type="checkbox"/> Other common identity factors. (Specify here: _____) |
| <input type="checkbox"/> Common heritage or cultural backgrounds | <input type="checkbox"/> Mentor Academy: Exploring college & career pathways, life skills, and future focus |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Foster or Kinship Care experiences |
| <input type="checkbox"/> Other: | |

SOCIAL MEDIA POLICY

As a volunteer for Big Brothers Big Sisters, and ultimately a representative of our organization, we expect you to adhere to the following guidelines when engaging on any social media or networked platform.

1. Safety of Littles is our number one priority.

It is very important to keep youth safety, youth/family confidentiality, and youth/family dignity in mind when communicating on social media. Do not provide identifying information about your Little or their family. Also, never share the location of a Little on social media channels.

- *For example* do not say, "My Little and I are having a great time at the zoo right now." Specifying the location could jeopardize their safety. A better option would be to delay the message until after the activity. "I had a great time with my Little at the zoo today."

2. A signed Talent Release Form is required for photos.

In order to post pictures, video, or any information/content about Littles online, a signed parent/guardian consent form must be on file at the BBSVC office. The parent/guardian of your Little has the right to not sign this release form. Please check with your Match Support Specialist prior to posting anything about your Little.

- *Additionally*, even if a Talent Release Form is on file: if your Little demonstrates any verbal or non-verbal objection or discomfort in having photo or video captured, you must always respect their decision; refrain from capturing or sharing content if there is any question about their personal boundaries and comfort levels, even as this may differ day-to-day.

3. You are responsible for your actions and communications. Please exercise sound judgment when using social media at all times.

Anything you post that could potentially tarnish the organization's image or have a negative impact on the organization is your responsibility. When in doubt about whether or not something is appropriate to post/share, consult with your Match Support Specialist prior to posting/sharing.

- Online privacy does not exist. Do not assume that things you publish on a private personal profile cannot be accessed. Do not post or share content/messaging that you would not want to see in the newspaper. Please be aware that, as a volunteer, your interactions with others reflect upon our organization.

4. We recommend that you DO NOT "friend" your Little through social media. Under no circumstance is social networking allowed with Bigs and their Littles under the age of 13.

- *Under no circumstance is social networking allowed between High School Bigs and their Littles in site-based mentoring.*

5. We strongly urge you to keep your profile set to private and closely monitor friend requests and followers on social media.

6. Big Brothers Big Sisters has the right to monitor the social media activities of our Bigs and other volunteers.

If you are seen using social media inappropriately or in a way that is antithetical to the values or mission of BBSVC, your relationship with our organization could be terminated.

Please advise how you are referenced on all social media platforms that you utilize.

I have read and understand the social media guidelines set by Big Brothers Big Sisters of Ventura County. By signing this document, I am pledging to abide by these guidelines when using social media.

Type your full name here if you are unable to activate the signature field.

Signature

Print Name

Date

CONSENT FOR RELEASE OF INFORMATION (BY THERAPIST/PSYCHOLOGIST/PSYCHIATRIST)

Check off the appropriate box:

Volunteer Applicant is currently in therapy or has been within the past 12 months

I, _____ (Full Name of Volunteer Applicant), hereby authorize,
 _____ (Full Name of Therapist/Psychologist/Psychiatrist) - office located at
 _____, (Address and Phone of
 Therapist/Psychologist/Psychiatrist) to complete the enclosed Clinical Referral Summary form and return to
 Big Brothers Big Sisters of Ventura County. The information is required for the following purpose: to
 determine my suitability as a youth mentor candidate. This consent is subject to revocation by the
 undersigned at any time, except to the extent that action has been taken in reliance hereon, and if not earlier
 revoked, it shall terminate on the termination of the match and/or closure of that person's case file without
 express revocation.

Applicant is NOT currently in therapy or has NOT been within the past 12 months

I, _____ (Full Name of Volunteer Applicant), have not seen a Therapist/
 Psychologist/Psychiatrist within the past 12 months.

CONSENT TO RUN BACKGROUND CHECK & POLICY ACKNOWLEDGMENTS

Please read and initial each section below, and then sign your permission, understanding, and/or agreement.

I understand that by signing below:

Youth, parents/guardians, volunteers, Board Members, agency staff, and other participants are not excluded from BBSVC's programs on the basis of race, religion, national origin, color, gender identity, marital status or marital status of parent, sexual orientation, or [dis]ability. BBSVC's volunteer selection policy is to first honor the preference of the youth as well as the parents/ guardians who bring their children to the agency for services. Both youth and the parent/guardian must approve the proposed match. Our agency commits to building our spaces with kindness, justice, equity, diversity, inclusion, and respect, in order to best support the youth and families in our programs, build healthy communication between all parties, and encourage stronger mentoring matches.

I understand that by signing below:

In submitting this application, the volunteer applicant recognizes that Big Brothers Big Sisters of Ventura County (BBSVC) is not obligated to approve or match them with a youth mentee. The applicant also understands that it is agency policy not to disclose justifications for not approving a volunteer - as per youth safety best practices, regardless of the reason - and that BBSVC may disqualify an applicant at any time prior to a mentoring match being activated or introduced.

I understand that by signing below:

1. The information provided will be used to conduct a background check, to include driving record check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth.
2. The references listed may be contacted by mail, telephone, or email;
3. Other BBBS agencies, organizations where I have worked or volunteered, and any therapists/psychologists/psychiatrists listed may be contacted as references;
4. As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for assignment.

I give my permission to Big Brothers Big Sisters of Ventura County to run a layered background check on me to verify the information I have given to Big Brothers Big Sisters and to collect all the information necessary from business and personal references in order to process my application to ascertain my eligibility as a Big/Volunteer Mentor.

Type your full name here if you are unable to activate the signature field.

Signature

Print Name

Date