



# Volunteer Application

Thank you for your interest in becoming a Big Brother or Big Sister! Please submit the completed application via email to [info@blueridgebigs.org](mailto:info@blueridgebigs.org), fax to **434-244-0885**, or hand deliver or mail to **1102 Carlton Avenue C'ville 22902**.

With this application, you will need to submit a copy of a government-issued photo ID, a copy of your driver's license (if not used as your government-issued photo ID), and proof of auto-insurance, if you plan to enroll in the community-based program. All applicants are given equal consideration, regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

## GENERAL INFORMATION

First Name:	Middle Name:	Last Name:	Preferred Name :	
Home Phone #:	Work Phone #:	Cell Phone #:	Can we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:	City:	County:	State:	Zip:
Personal E-mail:	Work E-mail:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)		
Social Security Number:	Gender:	Marital Status:		
Date of Birth:		If applicable, maiden name:		
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Nationality/Country of Origin: _____				
Occupation:	Employer:	How long employed?		
	Employer Address:	Avg Work Hours?		
Highest Level of Education:	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list school below, and anticipated graduation date.			
Area of Study:				
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			Dates of Service:	
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard				
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve		Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you separated/discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable				
I would like to mentor in the following program (leave blank if no preference): <input type="checkbox"/> Community-based <input type="checkbox"/> Site-based Location: _____ <input type="checkbox"/> Special (Young Lions)				

### Possession of License and Certificate of Insurance

Possession of a valid driver's license and proof of insurance is required if you will be transporting a youth in any vehicle you are operating. Our agency carries liability insurance to protect our volunteers from financial liability in the event of an auto accident, but our insurance carrier requires each volunteer to certify a minimum level of personal liability coverage (according to the state in which your car is registered) in order to be protected by agency policy. Please list your current policy information below.

Do you have a current and valid driver's license?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #:  Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
State of auto registration:	Insurance company:	Policy #

### How did you hear about Big Brothers Big Sisters of the Central Blue Ridge?

<input type="checkbox"/> Advertisement/ Flyer	<input type="checkbox"/> Business Presentation	<input type="checkbox"/> Family or Friend: _____
<input type="checkbox"/> Email/Newsletter	<input type="checkbox"/> TV/Cable News	<input type="checkbox"/> Website/Search Engine: _____
<input type="checkbox"/> Facebook/Twitter	<input type="checkbox"/> YouTube	<input type="checkbox"/> Other: _____

Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else?  Yes    No  
If yes, when and where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big?  Yes    No  
If yes, when and where?

Have you ever been involved with or volunteered for another youth organization?  Yes    No  
If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization?  Yes    No  
If yes, when and where?

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission?  Yes    No

If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events
- Inviting BBBS to speak at a company, church, organization, or other group of which I am a member

### Personal References

Please list information for four references, in the order listed below:

1. Your spouse, domestic partner, or significant. If you do not have a significant other, list a close family member.
2. Current or former employer/co-worker you have known for at least one year, OR someone from your school (students only)
3. A friend or neighbor you have known for at least two years.
4. An additional reference

Reference Name:	Day Phone Number:	Email:	Relationship:	Years known:

**In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.**

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving?				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				

**Read the following carefully before signing this application:**

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (this might include demographic information, information relevant to parent/child preferences, and any information relevant to child safety);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (i.e. address, phone number, auto-insurance, new criminal charges, etc.).
- 11) I agree to timely communication and follow-up with all agency staff.

**Big Brothers Big Sisters of the Central Blue Ridge**

1102 Carlton Avenue | Charlottesville, VA 22902 | p: 434-244-0882 | f: 434-244-0885 |

[www.blueridgebigs.org](http://www.blueridgebigs.org)

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters. I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Confidentiality Policy**

#### **Access to Confidential Records**

In order for BBBS of the Central Blue Ridge, Inc. to provide a responsible and professional service to clients, participants will 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 exception 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.

All records are considered the property of the agency and not the agency workers, 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 references, must be assessed, along with information gained from the clients or volunteers themselves. Records are not available for review by the clients or volunteers and reasons for non-acceptance into the program will not be provided due to confidentiality issues. Clients and volunteers shall be provided a copy of this statement on confidentiality, along with the exceptions which define the limits of confidentiality, at the time of application.

#### **Limits of Confidentiality**

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors.
4. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
5. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review and the period of time during which access shall be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
6. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
7. Information shall be provided to an agency's legal counsel, Board President, and the agency insurance carrier in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
8. State law mandates that suspected child abuse be reported to the appropriate authorities (VA Dept. of Social Services-Child Protective Services Unit). All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
9. If any agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include medical referral or a report to the local law enforcement authorities.

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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **Agreement to Protect the Confidentiality of Match Information**

I agree to keep information discussed with me regarding a potential Big Brother/Big Sister/Little Brother/Little Sister match confidential. I will not discuss this information with anyone other than the professional staff of the Big Brothers Big Sisters agency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **Fire Arms Policy**

It is the policy of Big Brothers Big Sisters of the Central Blue Ridge, Inc. to try to prevent accidental injury from firearms to Littles and others associated with its program. Therefore, all Bigs must agree:

- 1) To inform BBBS staff of the presence of any firearm or ammunition in the Big's household, including the presence of any firearms or any ammunition at any time while involved in the program.
- 2) To ensure that all firearms and ammunition are inaccessible to a Little, including taking any steps indicated by BBBS staff as appropriate safety precautions.
- 3) To permit BBBS to advise the relevant persons associated with its programs, including the Little's parent or guardian, of the presence of any firearms or ammunition in the Big's household.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I do give consent for Big Brothers Big Sisters of the Central Blue Ridge, Inc. to use photographs, images and my voice, with or without names, in the various types of media in order to promote the agency. These types of media may include newspapers, brochures, radio ads and interviews, televisions ads, agency reports, newsletters or displays.

In giving this consent, I release Big Brothers Big Sisters of the Central Blue Ridge, Inc. and its Agents, Employees and Board of Directors from any liability of any personal or proprietary rights I may have in connection with such use.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **Policy on Digital Technology and Social Networking**

- (1) Bigs who have social media pages (Facebook, MySpace, etc) must share these links with the P/G and BBBSOCBR Staff.
- (2) Bigs must first get written permission from PG before "friending" their Little. Bigs are not allowed to post any pictures of their Little on their pages unless P/G has given written permission. Original signed documents will be kept in match file and copies will be given to both P/G and Volunteer Big. All parties must initial that they have read and understood the media release.
- (3) Regarding Facebook activity, Big's must not "tag" their Little or their activities in the community or home on their page. They may however "tag" activities back to BBBS OCBR.
- (4) Bigs are to monitor Littles if they are using the internet during a match activity. Descriptions of match activities on the Big's social media pages such as Facebook should be appropriate and carried out with the approval of the Little and the Little's parent/guardian. Bigs should never post the last name of their Little, his/her parent/guardian or BBBS Staff. Bigs should never post any contact information for their Little, nor any identifying information about their Little.
- (5) Bigs shall honor all BBBSOCBR confidentiality guidelines within their match and use caution when posting information about conversations with their Little, P/G or BBBS staff.

#### **Cooperation with Investigation Regarding Noncompliance; Consequences**

Volunteers' use of Social Media will not be actively monitored by BBBSOCBR. However, if BBBSOCBR receives a complaint or inquiry, or otherwise becomes aware of a potential violation of this Policy or another BBBSOCBR policy or guideline, BBBSOCBR has the right to access the Volunteer's Social Media sites to review them for compliance purposes. Volunteers shall fully cooperate with any BBBSOCBR investigation and provide BBBSOCBR access to his or her Social Media sites upon the request of BBBSOCBR.

If BBBSOCBR determines a Volunteer violated this Policy, BBBSOCBR may terminate its relationship with the Volunteer (including but not limited to terminating a Big's match with his or her Little, terminating a Volunteer opportunity, and/or refusing to accept a

candidate as a Volunteer) and take any other action allowed under the law or in equity on its own behalf or on behalf of the Little to specifically enforce this Policy.

### Policy Changes

This Policy may be updated, revised or revoked by BBBSOCBR at any time. Updates and revisions to this Policy will be forwarded to Volunteers via email (@blueridgebigs.org) and shall automatically be applicable to Volunteers. Volunteers shall monitor emails from BBBSOCBR Staff to stay apprised of any changes to the Policy. If you have any questions, please consult your Match Support Specialist.

I have read and understand the BBBS OCBR Digital Technology and Social Networking Policies.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Pre-Interview Questions

Prior to your in-person interview, please answer the questions below. The information you provide will help us make a better match for you and assure we can support you during your involvement with our program. **You will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.**

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?  
Yes No

2. Do you anticipate any significant life changes over the next year or had any this past year?  
Yes No If yes, please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?  
Yes No

4. Have you had any driving citations and/or moving violations in the past 5 years?  
Yes No

5. Do you have guns, ammunition, or other weapons in your house?  
Yes No

6. Are you experiencing any physical or mental health issues?  
Yes No

7. Do you speak any foreign languages? If so, please list:  
Yes No

8. Are there other people living in your household? Yes No If yes, provide name, age, relationship to you.

Name:	Age:	Relationship:

9. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

10. Is there anything else you'd like to tell us about yourself or any questions that you have?

I have answered these questions honestly and completely to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_