



Big Brothers Big Sisters
of Central Ohio

Thank you for your interest in Big Brothers Big Sisters of Central Ohio. We appreciate your expressed desire to become a special friend to a child in our community. As you begin your journey to become a Big Brother or Big Sister, you will meet several people from the agency. Starting with the agency Enrollment Team, you will have an orientation and in-person interview, which will provide you the opportunity to discuss any questions you may have. The Enrollment Coordinator will guide you as you complete the various stages of the enrollment process.

Community-Based Program-- (21 years of age or older with reliable transportation) The agency matches an adult volunteer who provides friendship and shares experiences with a child or youth in need of a friend, seeing their little (child) 2 times per month or more. The Community-Based Program is an 18 month commitment.

If you are interested in the Community-Based Program here are some questions to consider:

Are you over 21 years of age?

Do you have free time to spend several hours two times per month with a child after school, in the evening or on weekends for at least a year?

Would you be comfortable picking up a child at home and getting to know his or her family?

Are you looking forward to engaging in simple activities with a child, such as taking a walk in the park, washing the car, baking cookies or just hanging out?

Do you want to be allowed to drive a child to community activities like sporting events, museums, festivals, after-school activities, etc.?

Have you considered the impact your decision to volunteer could have on others in your life, such as your significant other, your own children or even your co-workers?

Are you confident that you can commit to spend time with a child for at least 18 months, and that no upcoming life changes such as having a baby or relocating out of the area are likely to affect your commitment during that time period?

If you answered yes above, Community-based mentoring may be a good fit for you.

Please call 614-839-2447 Ext. 146 to schedule your training. Once you have completed the training please call 614-839-2447 Ext. 146 to schedule your interview.

Enclosed you will find the following:

- Volunteer Application
- Information Consent and Release
- Pre-Interview Questionnaire
- Background Check forms

PLEASE DO NOT SEND THROUGH THE MAIL. TO AVOID LOST APPLICATIONS, PLEASE RETURN ON THE DAY OF YOUR INTERVIEW

We look forward to working with you as you bring a little magic into the life of a child! Thank you!!



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Volunteer Application

First Name	M.I.	Last Name	Date of Birth	
Home Address		City	State	Zip
Email	Home Phone	Cell Phone	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Employer			Work Phone	
Employer Address		City	State	Zip
Occupation		Education (highest level)	Marital Status	
Race (Check all that apply) American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____		Ethnicity (Check one ONLY) Not Hispanic or Latino _____ Hispanic or Latino _____		
Auto Insurance Co. & Policy Number				

References

One of the four references needs to be the Significant Other Reference if you are married, living with a significant other, or engaged. Please list people you have known for over one year

1. Friend	
Email	Daytime Phone
2. Friend	
Email	Daytime Phone
3. Friend or Co-Worker	
Email	Daytime Phone
4. Spouse or Domestic Partner or Friend	
Email	Daytime Phone



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VOLUNTEER POLICY

A personal interview is designed to establish a profile of you and your interests. This profile will be used by the staff to best match you with a Little Brother/Little Sister. All elements of your profile will be kept in the strictest of confidence, with the exception of parents and/or guardians with a direct responsibility for a Little Brother or Little Sister who has been accepted and is actively being considered for a match with you. Before any assignment to a Little Brother/Little Sister, a similar profile of the child and the family will be discussed with you to insure that your preferences will be respected.

The undersigned acknowledges and agrees that:

1. I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other person, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested to Big Brothers Big Sisters of Central Ohio and/or its agents or representatives at any time during my volunteer service. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

2. I understand that I must immediately disclose any arrests, known criminal investigations, convictions, license suspensions, and/or moving violations occurring from this point forward and for the duration of my involvement with Big Brothers Big Sisters of Central Ohio. Failure to do so may jeopardize any existing match and all program involvement.

3. He/She is not obligated, if called upon, to perform the volunteer service herein applied for and that the agency is not obligated to assign, or to actively seek to assign him/her a Little Brother/Little Sister; and, as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel.

Big Brothers Big Sisters reserves the right to reject a candidate for any reason that the association, in its sole judgment, determines will or may affect either the best interests of a Little Brother/Little Sister or Big Brothers Big Sisters of Central Ohio. Furthermore, Big Brothers Big Sisters reserves the right to withhold the reason(s) for such refusal.

The undersigned gives Big Brothers Big Sisters of Central Ohio permission to share his/her name as a prospective volunteer with Franklin, Delaware and Union County Children Services.

A copy of this release is acceptable in lieu of the original.

The undersigned expressly agrees to the above stated conditions in applying as a volunteer with Big Brothers Big Sisters.

Signature: _____ Date: _____

Printed Name: _____



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Volunteer Pre-interview Questionnaire

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

1. Which do you enjoy more?

- Indoor Activities Outdoor Activities

2. Would you describe yourself as a person who enjoys:

- Watching events or activities Actively participating in activities Both

3. 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)

4. Do you have any guns or ammunition in your house?

- No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)

5. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and Internet access?

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

6. Do you have any pets that could potentially scratch or bite a child?

- No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)

7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?

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

8. 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)

9. Would you be willing to work with a child who had experienced physical, emotional or sexual abuse?

- Yes No

10. Do you speak any foreign languages? Yes _____ No

11. Before we continue in the interview, is there anything else you'd like to tell us about yourself or any questions that you may have of me?



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Background Check Form

(Please use blue or black ink)

Date: _____

Legal Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PLEASE LIST COUNTIES YOU HAVE LIVED IN

1. County _____ State _____

How long (Years)? From _____ To _____

2. County _____ State _____

How long (Years)? From _____ To _____

3. County _____ State _____

How long (Years)? From _____ To _____

4. County _____ State _____

How long (Years)? From _____ To _____

5. County _____ State _____

How long (Years)? From _____ To _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Social Security Number: _____



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Information Consent and Release Form

Please read carefully, check your response and sign below.

I agree and give permission for any Big Brothers Big Sisters of Central Ohio staff member to review all information contained in my file.

I **DO** _____ consent to the use of identifying information in print, video, films and/or photographs for publicity or promotion by Big Brothers Big Sisters of Central Ohio.

I **DO NOT** _____ consent to the use of identifying information in print, video, films and photographs for publicity/promotion by Big Brothers Big Sisters of Central Ohio

I **DO**____/ I **DO NOT**_____ give permission for you to contact my employer for the purpose of recognition of my participation.

Supervisor's Name _____

Applicant Signature

Date

Printed Name

Complete below if you have lived in any of the following states:

Alaska • Colorado • New Hampshire • Pennsylvania • Washington

I _____, authorize the ____ State of Alaska ____ Colorado ____
New Hampshire ____ Pennsylvania ____ Washington to release my driving record to LexisNexis
Screening Solutions and/or its agents.