



Big Brothers Big Sisters
of Central Ohio

Thank you for your interest in Big Brothers Big Sisters of Central Ohio. We appreciate your call and 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 in-person interview and orientation, which will provide you the opportunity to discuss any questions you may have. The Enrollment Coordinator, identified below, will guide you as you complete the various stages of the enrollment process.

If you haven't already discussed the volunteer option you would like to pursue, please refer to the enclosed option sheet. Once you have decided your area of interest, please call to schedule your interview.

YOUR SCHEDULED INTERVIEW DATE AND TIME IS _____
YOUR ENROLLMENT INTERVIEW COORDINATOR IS _____

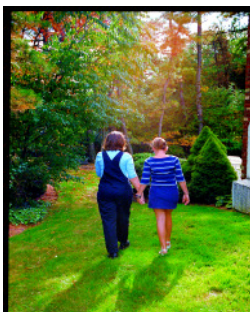
If something should arise, and you need to reschedule, we request 24 hours notice.

Enclosed you will find the following:

- Volunteer Options sheet
- A 2-sided Volunteer Application
- Information Consent and Release
- Background Check forms
- Pre-Interview Questionnaire
- 3 References a total of three (3) references must be returned as part of the application process. One (1) of the three (3) needs to be the Significant Other Reference if you are married, living with a significant other/partner, or engaged.
- Map to the agency

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 OPTIONS

Do you remember the magic? Being a Big Brother or Big Sister is a magical experience. It is easy to understand if you try this simple exercise: Think back when you were younger. Other than your parents, who touched your life in some simple but special way? Being a Big Brother or Big Sister is about sharing simple, magical moments with a child. Getting started is easy, and we have many options to suit your interest and needs. Below is a list of ways in which you can get involved with our agency:

- **Community Based Program:** (18 years of age older) The agency matches an adult volunteer who provides friendship and shares experiences with a child or youth in need of a friend two times per month face to face. Minimum 1 year commitment.

- **School-Based:** (High School students-through adults) Volunteers are matched with children on site at schools or other community-based organizations. Time commitment approximately 1 hour a week, October through May.

- **School-Based Assistant:** Volunteering for a specific site/school-based program, on a specific day, to assist the Agency School-Based Coordinator with the volunteers and youth in that program. Coordinator will interview potential volunteer.

- **Special Events:** Volunteers assist at various fundraising and development opportunities throughout the year, and on day(s) of special events. 16 years of age or older.

- **Clerical/Professional:** Volunteers may assist staff with various clerical-type projects at our agency, based on interests and skills. 16 years of age or older, one to one interview required.

We develop quality mentoring relationships inspiring youth to be confident, competent and caring individuals in our community.

To get involved in any of the above volunteer opportunities contact:

Main Office

1855 E. Dublin Granville Rd
Columbus, Ohio 43229
614-839-2447

Union County

18000 SR 4 Suite D
Marysville, Ohio 43040
937-642-2157

Delaware County

39 W. Winter St.
Delaware, OH 43015
740-369-2447

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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		
Ethnicity	Social Security Number			
State & Driver's License #	Auto Insurance Co. & Policy Number			
Have you ever applied before to be a Big Brother or Big Sister? If yes, when and where				

References

(People you have known over one year, only one can be a relative)

1. Friend				
Address		City	State	Zip
Daytime Phone	Fax Number	Email		
2. Friend				
Address		City	State	Zip
Daytime Phone	Fax Number	Email		
3. Friend or Co-Worker				
Address		City	State	Zip
Daytime Phone	Fax Number	Email		
4. Spouse/Domestic Partner/Friend				
Address		City	State	Zip
Daytime Phone	Fax Number	Email		
Office Use Only: Use of Photo Yes <input type="checkbox"/> No <input type="checkbox"/>		Occupational: Clerical, Craft, Laborers, Management/Admin, Operatives, Professional/Tech, Retired, Sales, Service, Unemployed, Unknown, Voc./Tech Student, High School Student, College Student, Grad Student		



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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: _____



Big Brothers Big Sisters
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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?

Signature

Date



Background Check Form

(Please use blue or black ink)

Date _____

Name _____
Last First Middle

D.O.B. _____ Age _____ S.S.# _____

Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Ethnicity _____ Driver's License Number _____ State _____

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 _____

Worker Initials _____



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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.

Signature: _____ Date: _____

Rev 5/06



Big Brothers Big Sisters
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Reference Check Form

Volunteer Name: _____

Reference Name: _____ Daytime Phone: _____

Reference Signature: _____ Date: _____

This individual is applying to become a Big Brother/Big Sister and has given us your name as a reference. We assure you that your answers will be held in confidence. Listed below is a brief description of the program for which he/she has applied.

*** Community Based Program:** Allows volunteers to interact in the community participating in various activities for a minimum of one year, seeing their Little (child) 2 times per month.

- How long have you known the volunteer candidate?

- In what capacity do you know him/her?

- Can you tell me about a time you observed him/her around a child or children?

- What were your impressions or feelings about that interaction?

- Do you know of any reason why being a Big Brother or Big Sister may not be the right volunteer experience for him/her?

- Do you know of any reason why this may not be the right time for him/her to commit to being a Big Brother or Big Sister?

- Is there anything else you would like to tell us about him/her?

We'd also like to know if you'd be interested to know more about how even you can become involved with us. Could we send you some of our materials? If so, please include your mailing address and phone number. If you are out of the Central Ohio area, please visit our National website at www.bigbrothersbigsisters.org

Thank you for taking the time to fill out this reference. We would like to have this form back within 1 week of receiving it. Please return to: BBBS 1855 E. Dublin-Granville Rd, Columbus, Ohio 43229 or fax 614-839-4770.



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