

Big Brothers Big Sisters of Broward

VOLUNTEER PRE-ENROLLMENT

Note: If you have been previously involved with another BBBS organization or youth organization, those agencies will be contacted to verify your involvement.

First Name:		Middle Name:		Last Name:		Date of Birth:	
Home Address:			City:		County:		State: Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:	
Male Female		Social Security #:		Employer:			
Work Address:			City:		State:		Zip:
Occupation:				Ethnicity:			
Can We Contact You At Work: ____ Yes ____ No		Work Hours:			How Long Employed:		
Possession of a driver's license 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 are operating.							
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #			Expiration date:		

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):			Supervisor's Name (or teacher if a student):				
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
2. Coworker or Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
3. Spouse/Domestic Partner/Friend:							
Address:			City:		State:		Zip:
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?							

(Continued-Over)

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 that I provide will 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, nor am I obligated to perform the volunteer services herein applied for.
- 5) As part of the enrollment process, I will be asked to provide additional personal information prior to making any recommendations for assignment.
- 6) I am not a member of the organization until I receive an acceptance letter, which if accepted, such acceptance letter would indicate my effective date of membership. Once accepted, the Agency may give my phone number to other accepted Agency volunteers for Agency activities and other Agency business. I also understand that while records are kept according to Big Brother Big Sisters Confidentiality Policy, it may be necessary to share information contained in my file with funding agencies.
- 7) I am obligated to immediately notify the Agency of any changes in information contained in this application.
- 8) If I am not accepted as a volunteer, the Agency is not required to disclose the reasons for non-acceptance.

Signature

Date

Print Name