

Big Brothers Big Sisters of Ozaukee

885 Badger Circle, Grafton, WI 53024

377-0784 FAX 377-7370

Volunteer Application

Mentoring Opportunities: (check all that you are interested in) **Date:** _____

Community Based _____ School Based: In School _____ After-School _____

Have you ever volunteered for a Big Brothers Big Sisters agency before? Yes () No ()

If yes, list the agency's name and location _____

Basic Information: Social Security # _____ Date of Birth _____

Name _____ Age _____
First MI Maiden Name Last Name

Home Address _____
Street City State Zip

Home Phone _____ How long have you lived in the area? _____

Email Address _____ Do you live in the area all year? _____

Employment:

Employer _____ Occupation _____

Address _____

Business Phone _____ Working Hours _____

Length of Time Employed _____ Average Hours Per Week _____

Can you be called at work? Yes _____ No _____ Best Time to Reach You _____

Family Status:

Single () Married () Separated () Divorced () Remarried () Widowed ()

Living Arrangements: Alone () Roommate () Parent's Home () Own Family Unit ()

Marital History: Date of Date of Death?
Spouse's Name Marriage Termination How? Divorce?

- 1. _____
- 2. _____

How does your spouse feel about you volunteering for this organization? _____

List others in household:

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Education: (Fill in number of year of school completed)

High School _____ Trade/Technical _____ College _____ Degrees Earned _____

To be completed by College students only:

Name of school? _____ Year in School? _____

When will you graduate? _____ Major? _____

To be completed by High School students only:

Name of School: _____

Year in School: Junior () Senior () Cumulative Grade Point Average _____

Extra Curricular Activities _____

Religion:

Name of Church or Synagogue affiliation _____

Military:

Yes ___ No ___ Branch _____ Discharge Status _____

Personal Information:

How did you hear about this organization? _____

List the names of any Big Brother Big Sister volunteers that you know:

Why would you like to volunteer for this organization? _____

Do you anticipate any personal or occupational changes within the next year? Yes () No ()

Please describe: _____

Have you had any physical or psychiatric illnesses within the past 5 years? Yes () No ()

Please describe: _____

What experience have you had working with children or young people? _____

TO BE COMPLETED BY VOLUNTEERS FOR THE COMMUNITY BASED PROGRAM ONLY:

Driver's License Information:

Do you have a valid driver's license? Yes ___ No ___ License # _____

Do you have an automobile? Yes ___ No ___ Insurance Company _____

Policy # _____ Liability Coverage Amount _____

Home Liability Insurance Company _____

TO BE COMPLETED BY VOLUNTEERS FOR THE SCHOOL BASED MENTORING PROGRAM ONLY:

Days and Times Available:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

TO BE COMPLETED BY ALL APPLICANTS:

References: (Please print)

Please list the names and telephone numbers of four or five persons, other than relatives who can attest to your reputation and character. If your reference lives out of the state, please include their complete address on the back. **Please include your immediate supervisor as your first reference (if applicable) for the School Based Mentoring Program.** Please inform your references that Big Brothers Big Sisters will contact them.

	<i>Name</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Best Time To Call</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

In our own lives, each of us was touched by someone—other than our parents—who broadened our horizons and brought a little magic into our lives. By becoming a Big Brother or Big Sister, you can do the same for a child. And, you will both be forever changed by the experience.

Please feel free to share one such experience here.

It is agreed and understood that the submission of an application does not obligate the applicant to perform the volunteer services applied for nor does it obligate Big Brothers Big Sisters to match the applicant with a child.

I declare that the above information is true and correct.

Signed _____ *Date* _____

I GIVE MY PERMISSION TO USE MY PICTURE OR LIKENESS OF ANY FORM TO PROMOTE BBBS OF OZAUKEE FOR PUBLIC RELATIONS AND TRAINING PURPOSES.

_____ YES _____ NO (PLEASE CHECK)