

Big Brothers Big Sisters of Ozaukee County

885 Badger Circle, Grafton, WI 53024

Phone: 262-377-0784 Fax: 262-377-7370

Email: bbbsoz@sbcglobal.net

VOLUNTEER APPLICATION:

*DATE: _____

Mentoring Opportunities: (check all that interest you) Community Based: ___ School Based: ___

*Name: _____
First MI Last ***Maiden ***Required if your name has changed

*Gender: _____ *Race: _____ *Home Phone: _____ *Date of Birth: _____

*Email: _____

*Home Address: _____ *City/State/Zip: _____

*Have you lived at the above address for less than 2 years? YES NO

Employer: _____ Occupation: _____

Work Phone: _____ Can you be called at work? _____ Hours: _____ Length of Employment: _____

Employer's Address: _____ City/State/Zip: _____

*Have you ever applied to or been involved with this agency or any other Big Brothers Big Sisters agency? _____

When & Where _____

*List any other youth service organizations with which you have worked or volunteered. _____

*Have you ever been charged with a crime? _____ If YES, please describe: _____

You must have a valid driver's license to participate in our Community-based Program.

*State of issue: _____ and # _____ *Exp. Date: _____/_____/_____

REFERENCES: Please provide the phone numbers for four or five persons, other than relatives, who can attest to your reputation and character. Include area codes with all phone numbers. Please inform your references that our agency will be contacting them.

1. Name: _____ Home #: _____ Work #: _____ Best Time to Call: _____

2. Name: _____ Home #: _____ Work #: _____ Best Time to Call: _____

3. Name: _____ Home #: _____ Work #: _____ Best Time to Call: _____

4. Name: _____ Home #: _____ Work #: _____ Best Time to Call: _____

5. Name: _____ Home #: _____ Work #: _____ Best Time to Call: _____

I declare that the above information is true and correct. All references listed above may be contacted by telephone or email. I am in no way obligated to perform any volunteer service. The information I provided may 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. The BBBS agency is not obligated to match you with a child. As a part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

*Signature of Applicant

*Signature of Parent/Guardian for applicant under 18 yrs. of age

*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 _____