

6.



## VOLUNTEER ENROLLMENT

**Date Application Completed:** \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May you be telephoned at work?  Yes  No

Work Hours: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Do you have a driver's license?  Yes  No

If yes, state of issue and # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If issued in a State other than Montana, please give last address and County in that State: \_\_\_\_\_

Have you ever applied before to be (or have been) a Big Brother or Big Sister?

Yes  No

If yes, when and where: \_\_\_\_\_

What, if any, other youth organizations have you worked for or been involved with as a volunteer?

\_\_\_\_\_

Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big?

Yes  No

If yes, when and where: \_\_\_\_\_

6.

**Reference Information**

*Please include information requested for three references:*

Employer

Your current or past employer (school, if student) who has known you for:

***At Least One Year***

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Coworker or Friend

A co-worker or friend who has known you for:

***At Least Two Years***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Spouse, Domestic Partner or Friend

Your Spouse, Domestic Partner or a second friend who has known you for:

***At Least Three Years***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

I understand that:

1. The references I listed may be contacted by mail, telephone, or email;
2. This no way obligates me to perform any volunteer services;
3. The information I provided may be used to conduct a background check (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; and
5. As part of our enrollment process, BBBS will be asking you to provided additional personal information prior to making any recommendations for assignment.

\* **Note:** As a non-profit agency background checks are costly. We would appreciate it if you could provide a \$20.00 background check fee at the time of the interview. If you are unable to pay this fee, please let us know and we will make others arrangements with you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date