



Thank You for Starting Something!

Congratulations on taking the first step to becoming a Big Brothers Big Sisters mentor! We know you have a lot of questions about what will be expected from you as a "Big". Being a Big is not complicated nor time consuming, however it does involve a consistent commitment that will result in a positive impact for youth in your community! If you are at least 18 years of age and have a high school diploma or equivalent you are eligible to begin the journey of becoming a Big! To prepare, take a few moments to review the following to insure that you have a meaningful and enjoyable experience as a Big Brother Big Sister mentor!

What does it take to be a Big!

Ask yourself if you can ...

- Meet your Little Brother or Little Sister consistently-preferably once a week, but at least twice a month.
- Commit to be a mentor to your Little for at least 12 months. Studies show that children achieve the greatest impacts when they have been matched for at least a year.
- Dedicate the time with your Little to be just the two of you. Your undivided attention is essential in helping a child reach their fullest potential!
- Contact your assigned Match Support Specialist (MSS) each month. Your MSS will be there to guide your match relationship: to answer your questions, offer advice, to help you and your Little have a safe and fun relationship, to share match activity ideas including BBBS sponsored events. The agency events are pre-planned fun for all our BBBS matches and are communicated to Bigs via Matchline.
- Have your own reliable transportation. Your Little would be very disappointed if you missed an activity because you couldn't find a way to get there.

As you consider becoming a Big, be aware that significant life changes can negatively impact your ability to consistently spend time with your Little. While none of the events listed below would disqualify you from becoming a Big, we do want you to consider them as they could ultimately affect the quality and length of your match. Looking forward 18 months, do you anticipate any of the following significant life events?

- Changing jobs or employment status
- Marital/family status (marriage, divorce, pregnancy, adoption, caring for parent, etc.)
- Moving (either within the area or out of town)
- School status (expecting an especially busy semester, changing schools, graduating)

Based upon the information above, do you feel that this is the right time for you to be a Big? We hope your answer is "Yes!" But if you have questions, you will have the opportunity during your interview to speak with our professional staff to further assess your individual situation.

Remember, being a Big isn't about finding time for a child; it is about inviting a child into the life you are already living. We look forward to helping you change a child's life for the better, forever.

Start Something

VOLUNTEER APPLICATION

Big Brothers Big Sisters Mentoring

Site-Based Program

Campus Choice(s): _____

Referral Detail: _____
School Name: _____
Partnership: _____ GCISD Partnership

Match VO with a student from Grapevine-Colleyville ISD

Personal Information

First Name:		Middle Name:		Last Name:		Maiden Name :		Preferred Name to be called:	
Home Address:			Apt#	City:		County:		State:	Zip:
Home Phone #:		Work Phone #:		Cell Phone # and provider:		Best # and time to call?		Email address:	
Date of Birth:		Gender: Male / Female	Marital Status:		Ethnicity:		Nationality:		
Occupation and Title:				Employer:					
Address:				City:		State:		Zip:	
How Long Employed:		May we contact you at work? Yes No			Work Hours:				
Highest Level of Education Completed (minimum of HS required):		Are you currently a college student? Yes No		If yes, name of school:				Graduation Year:	
Social Security #:		DL #		DL State Issued:			DL Expiration date:		
Have you previously applied to be or have you been a Big Brother or Big Sister? Yes No			If yes: Where and When:		Former staff member/MSS name, number and email:				
					Former Littles' Parent name, number and email:				
What inspired you to become a BIG?									
Military Experience (circle any that apply) : *Active Duty *Reserve *Veteran *Retired Military *Cadet *Other _____									
Are you interested in learning additional ways to contribute to Big Brothers Big Sisters Mission? YES NO (circle yes or no) If yes –circle interests that apply:									
* Be a Donor *Recruitment Volunteer *Event Volunteer * Fundraising Volunteer *Invite BBBS to speak at your company									
Volunteer Youth Experience: List any other organizations with contact info , where you worked and/or volunteered directly with youth .		Organization Name(s):				Contact Name /Phone # / Email address :			

References- List the information requested below for four type of references that have each known you at least two years. For each reference, if first listed relation does not apply to you, then move to next relation (*not next reference*) until applicable. **If you are married or have a significant other/equivalent, they are a required reference so be sure to list them below.** Please notify your references that they will be contacted by Big Brothers Big Sisters w/in 3 days of receipt of your application.

CIRCLE RELATION FOR EACH REFERENCE LISTED: PROVIDE FOUR REFERENCES TOTAL.

Reference Name:	Phone Numbers/Ext:	Email Address	Circle Relationship to you:	How many years known:
1.	Cell: Other:		<ul style="list-style-type: none"> • Spouse • Significant other/or equivalent • Relative _____ • Other family relative _____ 	MUST KNOW AT LEAST 2 YRS _____ YRS
2.	Cell: Other:		<ul style="list-style-type: none"> • current or past employer • current or past coworker • Business Colleague • School reference (counselor/teacher) 	MUST KNOW AT LEAST 2 YRS _____ YRS
3.	Cell: Other:		<ul style="list-style-type: none"> • Friend • Neighbor 	MUST KNOW AT LEAST 2 YRS _____ YRS
4.	Cell: Other:		<ul style="list-style-type: none"> • Friend • Coworker 	MUST KNOW AT LEAST 2 YRS _____ YRS

I understand that:

- 1) The references and youth organizations I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated to perform any volunteer services;
- 3) I will notify my references and any youth serving organization that they should comply with Big Brothers Big Sisters request to complete a reference;
- 4) The information I provided may be used to conduct a background check now and for as long as I am involved with the agency, to include driving records check, sex offender check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 5) As part of the enrollment process, the BBBS agency will be asking me to provide additional personal information prior to making recommendations for assignment; information from the application or interview process may be shared with partnership agencies when applicable;
- 6) Volunteer Big Brothers and Big Sisters, as well as the children BBBS serves, their parents/guardians, and BBBS staff and Board Members, are not excluded on the basis of race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status, or disability;
- 7) Parents are given the opportunity to express volunteer preferences in a match and those preferences are honored;
- 8) I must complete a training prior to being matched with a youth;
- 9) BBBS is not obligated to match me with a youth; and
- 10) If I am accepted as a Big Brother/Big Sister, I understand my obligation to meet with my Little Brother/Sister regularly and to inform BBBS agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the BBBS staff and discontinue my service if I am requested to do so by the agency.

Signature (Please do not print or type signature)

Date

Parent Signature (if under 18yrs - for Big Family use only)

Date

Please return this completed application with copies of your driver's license and auto insurance along with the completed *Authorization for Background Check* form to the GCISD school of your choice or to the

**Big Brothers Big Sister Headquarters
BBBS Volunteer Center
Attn: Eva**

**Then complete the GCISD volunteer background check at:
<http://www.gcisd-k12.org/site/Default.aspx?PageID=474>**

Big Brothers Big Sisters
Lone Star Headquarters Office
450 E. John Carpenter FWY
Irving, TX 75062
volunteer@bbbstx.org
Attn: Eva

Phone: 214-441-2227
Toll Free Phone:
888-887-2447

Toll Free Fax:
888-335-4883

NOTICE AND AUTHORIZATION FOR BACKGROUND CHECK

NOTICE

This is to inform you Big Brothers Big Sisters ("BBBS") may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. BBBS may additionally obtain information concerning your background, character, medical conditions, employment, education, and military experience. Information obtained by BBBS will be used only for the purposes of assessing your suitability to become a volunteer and matching you with a Little Brother or Little Sister.

AUTHORIZATION

I hereby authorize and instruct BBBS to procure a report on me, including a criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct BBBS to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a Big Brother or Big Sister, including obtaining information from medical providers, employers, educational institutions, military agencies, and any other sources. If I become a volunteer for BBBS, I authorize BBBS to repeat these investigations at any time for as long as I remain a volunteer. I authorize BBBS to disclose relevant information obtained from its investigations to the parent/legal guardian of any child considered as a possible Little Brother or Little Sister to effectively enable the parent to exercise "parental choice" in accepting or denying me as a Big Brother or Big Sister for their child. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish to BBBS any and all information they may have regarding me. I unconditionally release and hold harmless BBBS and its officers, directors, employees, and agents and any party furnishing information to them pursuant to this authorization from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify BBBS and its officers, directors, employees, and agents for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about upon the written request of law enforcement agencies. Furthermore, I understand that BBBS holds the right to deny my participation in the program and, for confidentiality, is not required to disclose reasons for doing so. A photocopy of this authorization may be accepted in lieu of the original.

Date

Signature (please do not print or type)

PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION

PLEASE PRINT:

Complete, Legal Name: _____ Gender: M _____ F _____

If name changed (through marriage or otherwise), print former name _____

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State _____ Expires _____

Please list all residences from the last 7 years, starting with the most current.

List the beginning and end month and year you lived at each (ex. Dallas, TX Dallas 3/09-6/10)

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

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City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

Have you ever been (circle which) charged with / convicted of a (circle which) misdemeanor / felony? No _____ Yes _____

Details: _____

Are you active or retired in the military? _____ If yes, please submit a copy of your DD-214 form.

Have you ever been cited for a traffic violation? No _____ Yes _____ Details: _____

For the safety of all children and volunteers, BBBS conducts a background check on all potential volunteers.

Disclosure and Consent to Release of Information
Regarding Criminal or Abuse/Neglect History
For Applicants, Employees or
Volunteers of DFPS Contractors and Subcontractors

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

1. Have you ever been convicted of or pleaded “guilty” or “no contest” to a felony or misdemeanor as an adult or juvenile? Include deferred or probated adjudications as well as convictions that have been set aside. Yes No

If yes, give details including date, location and nature of the offense and disposition for each such incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor? Yes No

If yes, give details, including date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? Yes No

If yes, give details, including the state and county in which each such investigation occurred.

I declare the information provided on this statement is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.

I authorize DFPS to verify any information provided by me through the investigative records maintained by DFPS and any other state protective services agency, as well as records of any law enforcement agency, including the Texas Department of Public Safety and the Federal Bureau of Investigation.

I consent to DFPS’ disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting or volunteer service with such contractor.

Printed Name of Person Completing Form

Signature of Person Completing Form

Date Signed

Big Brothers Big Sisters
Contractor’s Name

23393446
Contract #