



Big Brothers Big Sisters of Northcentral Wisconsin

2600 Stewart Ave., Suite 262 ♦ Wausau, Wisconsin 54401
 Phone: 715-848-7207 ♦ Fax: 715-842-3254 ♦ E-mail: www.bbbsncw.org

VOLUNTEER APPLICATION

Community Based School Based Club Based Mentors Plus

First Name:		Middle Name:	Last Name:		Date of Birth:
Local Address:			City:	State:	Zip: County:
Local Ph #:		Work Ph #:	Cell Ph #:	Email:	
Male Female	Single Married	Social Security #:	Ethnicity:	Highest Grade Level Completed:	
Employer:			Occupation (if student, where?):		
Can We Contact You At Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:	How Long Employed:		
Permanent Address:			City:	State:	Zip: County:
Permanent Ph #:			Email:		
Name of Spouse (if applicable):			Children Name and Age:		
List other residences within the past five years:					
<u>Address</u>				<u>Dates</u>	
1. _____					
2. _____					
3. _____					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state of issue and #		Expiration date:	
Do you own or have access to reliable transportation? *					
<input type="checkbox"/> Own auto					
<input type="checkbox"/> Use of Someone else's auto					

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?			
Name of Organization	City/State	From/To	Office Held
1. _____			
2. _____			
3. _____			

REFERENCES

Please list four people you have known for at least one year. Please include your immediate supervisor, past supervisors, and/or professors if appropriate. Do not use relatives as references.

1. Name:		Relationship:		
Address:		City:	State:	Zip:
Day Phone #:	Fax #:		Email:	

2. Name:		Relationship:		
Address:		City:	State:	Zip:
Day Phone #:	Fax #:		Email:	

3. Name:		Relationship:		
Address:		City:	State:	Zip:
Day Phone #:	Fax #:		Email:	

4. Name:		Relationship:		
Address:		City:	State:	Zip:
Day Phone #:	Fax #:		Email:	

CONFIDENTIALITY POLICY

I understand that all records of Big Brothers Big Sisters of Northcentral Wisconsin are confidential. Records include, but are not limited to, all application materials, case supervision records and correspondence. The right to confidentiality applies not only to written records but also to video, film, pictures and use of client or volunteer names in agency publications. In order to provide a service that is in the best interest of the children we served by the program, information from outside sources, including confidential references, must be assessed along with information gained from the clients and volunteers themselves. All records, including information from outside sources must be kept confidential and are therefore not available for review by the client or volunteer.

I agree to adhere to the Confidentiality Policy described above and to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person(s) other than the professional staff at Big Brothers Big Sisters of Northcentral Wisconsin.

I understand that following acceptance into the program, a profile is developed for both the child and the volunteer. Profiles contain basic information about family situations, motivation, interests and personality and information that may have an effect on the relationship will be discussed with both the parent, volunteer and school personnel prior to and during a match. Any party has the right to refuse to enter into a match based upon the information communicated. All elements of the profiles will be kept in the strictest confidence.

Signature of Volunteer

Date

BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN ACTIVITY CHECKLIST

Name: _____ Date: _____

Circle each activity you either like or think you might like to try.

SPORTS		ARTS & CRAFTS	OUTDOORS
Basketball Boating Swimming Baseball Bowling Biking Volleyball Roller Skating Ice Skating Go Carts Sledding	Tennis Football Soccer In-Line Skating Weight Lifting Gymnastics Water Skiing Downhill Skiing X-Country Skiing Miniature Golf Other: _____	Sewing Drawing Painting Dancing Woodworking Model building Singing Baking Photography Cooking Other: _____	Camping Fishing Hunting Gardening Beach Hiking Picnics Other: _____
GAMES	SCIENCE/MECHANICS	HOBBIES (list)	ADDITIONAL
Cards Chess Checkers Board Games Video Games Other: _____	Auto mechanics Airplanes Chemistry Electronics Computers Musical Instruments Other: _____		Movies Sightseeing Concerts Museums Reading Zoos Shopping Plays Other: _____

Of all the activities listed above, which 3 would you like to do most?

1.) _____ 2.) _____ 3.) _____

Do you have pets? What kind? _____

What things do you collect? _____

What are your favorite TV programs? _____

What clubs/groups do you belong to? _____

PLEASE NOTE:

A COPY OF THIS PAGE MAY BE GIVEN TO YOUR LITTLE AT THE INITIAL MATCH (FIRST MEETING).

**BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN
Public Relations Permission**

I give BBBS permission to use the following for the purpose of public relations:

 Newspaper
Yes No
Picture only____
First name only____
Other_____

 Television
Yes No
Picture only____
First name only____
Other_____

 Agency newsletter/
Yes No posters/mailings
Picture only____
First name only____
Other_____

 Community Event
Yes No Displays
Picture only____
First name only____
Other_____

 BBBS Website
Yes No
Picture only____
First name only____
Other_____

 Marketing & Promotional
Yes No purposes
Picture only____
First name only____
Other(such as quotes)_____

The information given in this application is correct and accurate to the best of my knowledge. I have reviewed all of my responses before forwarding this document to Big Brothers Big Sisters of Northcentral Wisconsin. Further, I understand and agree that as part of the Big Brothers Big Sisters enrollment process, agency personnel will obtain personal information about me from references, public records, interviews and other sources as deemed necessary for program participation. By signing this application I hereby release and indemnify Big Brothers Big Sisters of Northcentral Wisconsin, Inc., its officers, board of directors, staff and participants from and against any and all claims and liability for negligence, willful misconduct, or sexual abuse relating to my participation in this program.

Volunteer's Printed Name: _____

Volunteer's Signature: _____ Date: _____



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AUTHORIZATION FOR VEHICLE INSURANCE INFORMATION

I, _____ of _____
Print Name Address

City, State, Zip

give permission to Big Brothers Big Sisters of Northcentral Wisconsin to contact my vehicle insurance agency to obtain proof of insurance.

Insurance Agency _____

Located at _____

Phone number _____ **Fax number (if known)** _____

Policy number &/or Agent name (if known) _____

Email Address _____

to obtain one of the following for all vehicles:

1. A copy of the declaration page of the policy
2. A copy of the certificate of insurance

I understand this authorization remains in effect for the duration of my involvement with Big Brothers Big Sisters of Northcentral Wisconsin and proof of vehicle insurance coverage may be requested at any time. If my vehicle insurance company or coverage changes I will contact Big Brothers Big Sisters of Northcentral Wisconsin immediately.

Signature of Volunteer

Date

