



www.bbbsncw.org

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

HIGH SCHOOL VOLUNTEER ENROLLMENT

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?):	Study Hall Hour/Time:	
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 Some 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 at least two school faculty members (teachers, guidance counselors, advisors, etc.). Do not use relatives as references.*

1. Name:		Counselor/Teacher:		
Address:		City:	State:	Zip:
Day Phone #:	Fax #:		Email:	

2. Name:		Counselor/Teacher:		
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:	

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 Signature

Date

Volunteer Printed Name

Parent Signature (if Volunteer is under age 18)

Date

Parent's Printed Name

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 & CONFIDENTIALITY POLICY**

I give BBBS permission to use my name and image in 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____

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

Signature of Parent (If under age 18)

Date



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PARENT PERMISSION AND RELEASE FORM HIGH SCHOOL BIGS

I, _____ give permission for my daughter/son,
_____ to volunteer as a High School Big Brother
or Big Sister. I understand that the minimum time she/he will be volunteering is one
school semester, and that she/he will spend approximately one hour each week with an
elementary school student. I understand that her/his involvement in the Big Brothers Big
Sisters program will be under the guidance of Big Brothers Big Sisters Staff.
Transportation to the designated elementary school to meet with your Little is the
responsibility of _____. Please provide a
certificate of insurance or the declaration page if you plan to transport the child.

I feel this is a good opportunity for my daughter/son and fully support and recommend
her/his involvement with the program. Please accept this permission form as a positive
reference for my daughter/son to participate in this program.

Parent Signature

Date