www.bbbsncw.org

# Big Brothers Big Sisters of Northcentral Wisconsin

613 North 5th St, Suite 203 ⬩ Wausau, Wisconsin 54403

Phone: 715-848-7207⬩ mail@bbbsncw.org

HIGH SCHOOL VOLUNTEER ENROLLMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal First Name: | | | Full Middle Name: | | | | | | | | | | Last Name: | | | | | | | | | Date of Birth: | | |
| Local Address: | | | | | | | | | City: | | | | | State: | | | | | | | | Zip: | | County: |
| Local Ph #: | Work Ph #: | | | | | | | | | | | Cell Ph #: | | | | Email: | | | | | | | | |
| Gender:  Male Female  Trans Male Trans Female  Genderqueer/Nonbinary | | Single  Married | | | | | Social Security #: | | | | | | Ethnicity: | | | | | | | | | Highest Grade Level Completed: | | |
| Personal Pronouns: | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | | | | Occupation  (if student, where?): | | | | | | | | Study Hall Time & Day: | | | | | | |
| Can We Contact You At Work: \_\_\_\_\_Yes \_\_\_\_\_No | | | | Work Hours: | | | | | | | | | | | | | How Long Employed: | | | | | | | |
| Permanent Address *(if different than local*): | | | | | | | | City: | | | | | | | State: | | | | Zip: | | | | County: | |
| Permanent Ph #: | | | | | | | | | | | Email: | | | | | | | | | | | | | |
| Name of Spouse (if applicable): | | | | | | Children Name and Age (if applicable): | | | | | | | | | | | | | | | | | | |
| List other residences within the past five years:  Address Dates| | | | | | | | | | | | | | | | | | | | | | | | |
| **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?\_\_\_\_\_Yes \_\_\_\_\_No | | | | | If yes, state of issue:and #: | | | | | | | | | | | | | | | | Expiration date: | | | |
| Do you own or have access to reliable transportation? \*  \_\_\_\_ Own auto  \_\_\_\_ 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: |
|  | |

# REFERENCES

Please list **four people you have known for at least one year.** References should include: **a Parent, Teacher/Counselor, Any Youth Servicing Organizations, and one additional person.** If you have no youth organizations, please list other teachers or adults that know you well.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name: | | | **Parent** | | | | |
| Address: | | City: | | | | State: | Zip: |
| Day Phone #: | Fax #: | | | | Email: | | |
|  | | | | | | | |
| 2. Name: | | | | **Counselor/Teacher:** | | | |
| Address: | | City: | | | | State: | Zip: |
| Day Phone #: | Fax #: | | | | Email: | | |
|  | | | | | | | |
| 3. Name: | | | | **Any Youth Serving Organizations** | | | |
| 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 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

I give my permission for Big Brothers Big Sisters of Northcentral Wisconsin to use my photographs and video publicly for promotion and marketing. I understand that the images may be used in print publications, online publications, presentations, websites, public service announcements, and all forms of media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Volunteer’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature (if Volunteer is under age 18**) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Printed Name

**Big Brothers Big Sisters retains the right to accept or deny participants, or close a match   
at any time.** Should we notify you that you are not accepted as a volunteer Big, you may appeal by:

**Grievance Procedure:**

An aggrieved program participant (i.e., applicant, volunteer, parent/guardian of a child, child) should discuss their grievance with their Enrollment and/or Match Support Specialist.

If such a step does not bring resolution, the aggrieved party may appeal to the Program Director. If such step does not bring resolution, the aggrieved party may appeal to the CEO.

If a satisfactory conclusion cannot be reached by this point, the aggrieved party can request that their case be reviewed by the Executive Committee of the Board of Directors. The Executive Committee will make its recommendation to the Board of Directors. All decisions of the Board of Directors are final.

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.

Please be advised that under Wisconsin law volunteers are not considered “workers” and therefore are not covered by a workers’ compensation policy.  You are advised to check the adequacy of your own personal health coverage before volunteering for Big Brothers Big Sisters of Northcentral Wisconsin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent (If under age 18)** Date

PARENT PERMISSION AND RELEASE FORM

HIGH SCHOOL BIGS

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my son/daughter,  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to volunteer as a High School Big Brother

or Big Sister. I understand that the minimum time he/she will be volunteering is one

school year, and that he/she will spend approximately 30-45 minutes each week with an

elementary school student. I understand that his/her 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 his/her Little is the

responsibility of myself or my son/daughter.

I feel this is a good opportunity for my son/daughter and fully support and recommend

her/his involvement with the program. Please accept this permission form as a positive

reference for my son/daughter to participate in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date