

VOLUNTEER PRE-ENROLLMENT

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:		
Male Female		Social Security #:		Employer:				
Address:		City:		State:		Zip:		
Occupation:		Ethnicity:		Marital Status:		Highest Level of Education:		
Can We Contact You At Work: ____ Yes ____ No		Work Hours:		How Long Employed:				
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:			

REFERENCES

1. Employer's Name (or school if student):			Supervisor's Name (or teacher if a student):		
Address:		City:	State:		Zip:
Day Phone #:		Fax #:	Email:		
2. Coworker or Friend or Neighbor:					
Address:		City:	State:		Zip:
Day Phone #:		Fax #:	Email:		
3. Spouse, Domestic Partner, Friend:					
Address:		City:	State:		Zip:
Day Phone #:		Fax #:	Email:		

PREVIOUS VOLUNTEER EXPERIENCE

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 or NO	Where and When:
Have you ever applied before (or have been) to be a Big Brother or Big Sister? YES or NO	Where and When:

BACKGROUND CHECK AUTHORIZATION

I understand that:

- 1 1) The references I listed may be contacted by mail, telephone, or email;
- 2 2) I am in no way obligated to perform any volunteer services;
- 3 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4 4) The BBBS agency is not obligated to match me with a youth;
- 5 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references;
- 6 6) As part of the enrollment processes, I will be asked to provide additional personal; and,
- 7 7) Jefferson County Department of Social Services or CHJC may perform a Child Protective background check through the Child Protective Services, (NYS Central Registry Clearance).

Volunteer's Signature: _____ Date: _____