



Big Brothers Big Sisters
of the Greater Twin Cities

High School Volunteering Application

Name _____ Grade _____

Date of birth _____

Home address _____

City _____ State _____ Zip _____ County _____

Home phone _____ Cell phone _____

E-mail _____

School _____

School address _____

City _____ State _____ Zip _____ County _____

Driver's licenses number (if you have one) _____

State of issue _____ (e.g. MN, WI, etc.)

Expiration date _____

Parent/Guardian name _____

Employer (if applicable) _____ Phone _____

Have you ever applied before to be (or have been) a Big Brother or
Big Sister? Yes No

If so, where and when? _____

What, if any, other youth organizations have you worked for or been involved with as a
volunteer? _____

How did you hear about BBBS? _____

REFERENCES: Please type or print information requested for two references: 1) a teacher or school counselor who knows you well; 2) an adult employer, co-worker or friend who had know you for at least two years.

[1] Teacher or school counselor (who knows you well)

Name _____

Work phone _____ Fax _____

Address _____

E-mail (if available) _____

[2] Employer, adult co-worker or friend (who has known you for at least two years)

Name _____

Home phone _____ Work phone _____

Fax _____

Home address _____

E-mail (if available) _____

I understand that:

- 1) The references I listed may be contacted by mail, telephone or e-mail;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check and other recorders where required by local, state or federal law for volunteers working with youth;
- 4) BBBS is not obligated to match me with a youth;
- 5) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Signature

Date

Parent/Guardian Permission and Release

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 year, and that she/he will spend an 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 a Big Brothers Big Sisters staff person. Transportation is the responsibility of _____.

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/Guardian Name _____

Signature

Date

Publication Consent

Identifying information regarding children and volunteers may be used in agency publications or promotional materials. Big Brothers Big Sisters of the Greater Twin Cities has the right to use all audio-tapes, slides, photographs, film, video or any other pictorial representation of children and volunteers as deemed appropriate by the agency. Big Brothers Big Sisters also has the right to exhibit, sell or transfer to any person or organization in which the agency deems appropriate any such slides, photographs films or audio-tapes.

In giving consent, I release Big Brothers Big Sisters of the Greater Twin Cities from any obligation or liability otherwise owed to me in connection with the above referenced identifying information.

This consent will expire upon my giving written notification to Big Brothers Big Sisters of the Greater Twin Cities.

Parent/Guardian Name _____

Signature

Date

Student Name _____

Signature

Date

Please fax or send completed application to:
Big Brothers Big Sisters of the Greater Twin Cities
2550 University Avenue, Suite 410N
St. Paul, MN 55114
www.bigstwincities.org
651.789.BIGS—phone
651.789.2499—fax