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Big Brothers Big Sisters
of Greater Chattanooga

2015 Bailey Avenue
Chattanooga, TN 37404

COMMUNITY BASED VOLUNTEER APPLICATION

Gender: Male Female Age: _____ Date of Birth: _____
Race: American Indian Asian Black Hispanic Multi-race Pacific Islander White Other: _____
Marital Status: Single Married Divorced Separated Widowed Living with Significant Other
If married or living with significant other, will your partner support your involvement in the program? Yes No
Sexual Preference: Heterosexual Homosexual Bi-sexual **Religion:** _____
Referral Source (How did you hear about Big Brothers Big Sisters?): _____

Name (First Middle Last): _____
Address: _____
City, State: _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Email: _____

Employer: _____
Address: _____
City, State: _____ **Zip:** _____
Business Phone: _____ **Occupation:** _____
Supervisor: _____ **Can you be contacted at work?** Yes No

Please *print clearly* (3) references, those who are familiar with your character as it relates to working with youth. Only one (1) relative as a reference is permitted. **References must have known you at least one year.**

Mr. Mrs. Ms.
1) Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____ Wk.# _____
Relationship to you: _____
Email: _____

Mr. Mrs. Ms.
2) Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____ Wk.# _____
Relationship to you: _____
Email: _____

Mr. Mrs. Ms.
3) Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____ Wk.# _____
Relationship to you: _____
Email: _____

Please inform your references we will be contacting them.

NOTE: For the application to remain active, the agency must receive responses from the applicant's references within six weeks of the dated request.

The agency reserves the right to solicit additional references other than the applicant's recommended references.

<p>1. Have you previously filed an application here? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Have you previously been a Big Brother/Big Sister? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give city and date. _____</p> <p>3. Are you willing to spend an average of 4-8 hours a month for a period of at least 1 year in the program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. List experience working with youth in other organizations. _____ _____ _____ _____</p> <p>5. List previous residences for last 5 years. <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">City</td> <td style="width: 30%;">State</td> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table> </p> <p>6. List current memberships (religious, community, business, or professional organizations). _____ _____ _____</p> <p>7. Do you have any physical, emotional or employment conditions which may limit your success as a role-model? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____ _____</p>	City	State	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>8. Do you use illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Have you ever been charged with child neglect or abuse? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Have you ever been charged and/or convicted of a criminal offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____</p> <p>11. Has your driver's license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. _____ _____</p> <p>12. Do you object to the agency checking with appropriate public authorities (e.g. police, courts, etc.) for matters of public record regarding your background? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____</p> <p>14. Do you have a valid driver's license and auto liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>By signing below, you understand that you must maintain personal auto liability insurance in accordance with state law and you agree to notify BBBS of any reductions or changes in your insurance coverage. We will ask you to provide a renewed copy of your insurance card each January.</p> <p style="text-align: center;">PLEASE SUBMIT A FRONT & BACK COPY OF YOUR DRIVER'S LICENSE & AUTO INSURANCE CARD ALONG WITH THIS APPLICATION.</p>
City	State												
_____	_____												
_____	_____												
_____	_____												
_____	_____												
_____	_____												

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon, to perform the volunteer services herein applied for, (2) that the Agency is not obligated to assign, or actively to seek to assign, him/her a Little Brother/Sister, and (3) as a part of the Agency's matching process, additional personal information will be elicited from the applicant by professional Agency personnel, and (4) information obtained in the application process (references, police check, etc.) will be presented to the child's parent/guardian in order to obtain informed consent for the match relationship.

I understand that:

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Big Brothers Big Sisters of Greater Chattanooga, and the officers, employees, and volunteers thereof.

In signing this application, I agree to be guided by the rules and regulations of the Big Brothers Big Sisters of Greater Chattanooga. I affirm that the information I have given on this form is true and correct.

Signature

Date



Big Brothers Big Sisters of Greater Chattanooga

VOLUNTEER MATCHING SHEET

Volunteer's Name: _____ Race: _____ Sex: _____ Age: _____

Volunteer's Activities and Hobbies:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Volunteer's Religion: _____

APPLICANT'S EXPECTATIONS IN A LITTLE

Age: 6 - 8 9-11 10-12

Religion: _____

Personality Characteristics: _____

Interests and/or Hobbies: _____

Would you be willing to work with any of the exceptional situations below?

- Behavior Problems
- Learning Disabilities
- Physical Disability
- Incarcerated Family Members
- Extreme Poverty
- Emotional Problems
- Sexual Identity Problems
- Other Race

Geographic locations willing to serve in:

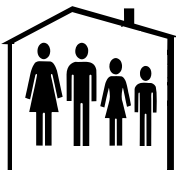
CHECK TYPE OF MATCH RELATIONSHIP DESIRED:



Big Brothers or Big Sisters Community-Based Match provides a child with friendship and guidance from one adult. Approximately 4 to 8 hours of interaction with the child is needed each month from the adult.



Couples Match provides a child with friendship and guidance from a husband and wife. Approximately 4 to 8 hours interaction with the child is needed each month from either or both adults.



Family Match provides a child with friendship and guidance from a family unit. Approximately 4 to 8 hours per month of interaction with the family unit is provided to the child.

