



## SCHOOL-BASED VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 If College Student, College Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Best time to contact you? \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Employer/Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Can you be contacted at work?  Yes  No

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male:  Female

Race:

Asian  Black  White  Hispanic  
 Native Hawaiian or Other Pacific Islander  
 Multi-Racial \_\_\_\_\_  Other Race \_\_\_\_\_

Marital Status:

Single  Married  Divorced  Separated  Widowed

If married, will your spouse support your involvement in the program?

Yes  No

Sexual Preference:  Heterosexual  Homosexual  Bi-sexual

Referral Source:

Friend/Neighbor  Relative  Other Big \_\_\_\_\_  
 College/University \_\_\_\_\_  
 Service Organization \_\_\_\_\_  
 Faith Organization \_\_\_\_\_  
 Special Event \_\_\_\_\_  
 Media (TV, newspaper, billboard, etc.) \_\_\_\_\_  
 Web Link  Self

- What, if any, special qualities are you looking for in a child?  
 Personality \_\_\_\_\_ Race \_\_\_\_\_  
 Age \_\_\_\_\_ Other \_\_\_\_\_
- Would you be willing to work with any of the exceptional situations below?  
 Extreme poverty  Learning difficulties  
 Health issues  Mental health issues  
 Poor hygiene  Other
- Preferred days and times:  
 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_  
 Any time limitations? \_\_\_\_\_ If so, what? \_\_\_\_\_
- List current and past participation in community activities (esp. youth-related).  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do you use illegal drugs?  yes  no
- Have you ever been charged with child neglect or abuse?  
 yes  no
- Have you ever been charged and/or convicted of a criminal offense?  
 yes  no
- Do you have any physical, emotional, or employment conditions which may limit your success as a role-model volunteer?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please print clearly 3 references who are familiar with your character as it relates to working with youth. **References must have known you at least one year.** Only one relative may serve as a reference.

- Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 E-mail: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 E-mail: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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 information information will be elicited from the application by professional Agency personnel.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Big Brothers Big Sisters of Greater Chattanooga

## AUTHORIZATION FOR RELEASE OF INFORMATION TO BIG BROTHERS BIG SISTERS OF GREATER CHATTANOOGA

I, the undersigned, acknowledging the right to have this information remain confidential, hereby authorize Police Departments, Sheriff's Departments, Application Researchers Company, consumer reporting and/or background screening companies, medical/psychological/youth organizations, Departments of Motor Vehicles, etc., their agents and/or employees to release records and/or other information, including any information obtained from other sources, to Big Brothers Big Sisters of Greater Chattanooga, its agents or employees. This consent may be revoked at my direction in writing, at any time.

**(Please Print)**

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Race:**  Asian  Black  White  Hispanic  Native Hawaiian or Other Pacific Islander  
 Multi-Racial \_\_\_\_\_  Other Race \_\_\_\_\_

**Gender:**  Male  Female \_\_\_\_\_

List all cities in which you resided since age 18: \_\_\_\_\_

X \_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

(For authority use only.)