



Big Brothers Big Sisters
of Bennington County

Volunteer Application

General Information:

Name: _____

First

Middle

Last

Mailing Address: _____

Street

Town

State

Zip Code

Phone Number: (home) _____ (work) _____

Email Address: _____ Age: (you must be 18) _____ Sex: _____

For statistical purposes only:

Race: _____ Religion: _____ Level of Education: HS, College, Other _____

Marital Status: S ___ M ___ D ___ W ___ Do you have children? Y ___ N ___

Occupation: _____

Where did you hear about BBBS? _____

Personal:

Youth related experiences: _____

Existing community commitments: _____

Hobbies, sports, and special interests: _____

Why do you want to be a mentor?: _____

Other information:

Have you ever been arrested or convicted of a crime? Yes ___ NO ___

If yes, please explain: _____

Have you ever been placed on probation or parole? Yes ___ No ___ If yes, please explain

Do you have a history of drug or alcohol abuse? Yes ___ No ___

Reference Information

Please **completely** list information for three individuals whom we may contact for a personal reference. Your reference will be contacted either by phone or in writing and information given will be kept confidential!

Reference One

A co-worker, friend or neighbor who has known you for at least 2 years

Name: _____ Daytime Phone: _____

Email Address: _____ Relationship _____

Reference Two

A close family member or a second friend who has known you for at least 5 years

Name: _____ Daytime Phone _____

Email Address: _____ Relationship _____

Reference Three

Your current or past employer who has known you for at least one year. Students may use a teacher

Name: _____ Daytime Phone _____

Email Address: _____ Relationship _____

Volunteer Agreement

I understand that:

- The references that I listed may be contacted by telephone or email
- This application in no way obligates me to perform any volunteer service.
- BBBS is not obligated to match me with a youth. As part of the enrollment process, additional personal information may need to be provided prior to making any recommendations.
- BBBS has the right to discontinue the application process at any time and can close my match to a Little Brother or Little Sister at agency discretion.
- I agree to notify BBBS of any changes of my address, phone or insurance
- BBBS does not discriminate nor will it support organizations that discriminate on any basis including gender, race, ethnicity, national origin, sexual orientation, or religious belief and values
- Other BBBS agencies or youth organizations where I have worked or volunteered may be contact as references

I hereby authorize BBBS to conduct whatever investigation it may deem necessary to determine whether I can become an effective volunteer. I do herein affirm under oath and subject to penalties of perjury that the foregoing answers and statements are, to the best of my knowledge, true, correct, and complete.

I understand and authorize that significant information about myself (as a volunteer) will be shared with the parent/guardian pursuant to a matching assignment with a child.

If I am charged with a criminal offense during the time that I am affiliated with BBBS, I agree to disclose that information with the understanding that the agency will keep such matters confidential.

I understand that BBBS uses photos of volunteers and children in a variety of activities for recruiting and promotional reasons. I am willing to support their efforts; BBBS has my permission to use my name and photographs of me to promote the Agency's program.

By signing below you agree to all terms and conditions listed in the above agreement

Volunteer Signature

Date

Please return completed application to:

Megan Brooks

BBBS

100 Ledge Hill Drive Box 588

Bennington, VT 05201

THANK YOU FOR YOUR INTEREST!

