



Volunteer Application

First Name	M.I.	Last Name	Date of Birth	
Home Address			City	State Zip
Email	Home Phone	Cell Phone	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Employer			Work Phone	
Employer Address		City	State	Zip
Occupation		Education (highest level)	Marital Status	
Race (Check all that apply) American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____		Ethnicity (Check one ONLY) Not Hispanic or Latino _____ Hispanic or Latino _____		

References

One of the four references needs to be a **Significant Other Reference** if you are married, living with a significant other, or engaged, **if no Significant Other, we need a family member**. Please list people you have known for **over one year**

1. Friend	
Email	Daytime Phone
2. Friend	
Email	Daytime Phone
3. Employer	
Email	Daytime Phone
4. Spouse, Significant Other, Family Member	
Email	Daytime Phone



VOLUNTEER POLICY

A personal interview is designed to establish a profile of you and your interests. This profile will be used by the staff to best match you with a Little Brother/Little Sister. All elements of your profile will be kept in the strictest of confidence, with the exception of parents and/or guardians with a direct responsibility for a Little Brother or Little Sister who has been accepted and is actively being considered for a match with you. Before any assignment to a Little Brother/Little Sister, a similar profile of the child and the family will be discussed with you to insure that your preferences will be respected.

The undersigned acknowledges and agrees that:

1. I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other person, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested to Big Brothers Big Sisters of East Central Ohio and/or its agents or representatives at any time during my volunteer service. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.
2. I understand that **I must immediately disclose any arrests, known criminal investigations, convictions, license suspensions, and/or moving violations occurring from this point forward and for the duration of my involvement with Big Brothers Big Sisters of East Central Ohio.** I agree failure to do so may jeopardize any existing match and all program involvement.
3. I understand that I must disclose the ownership of a weapon(s) or firearms(s), or if they are present in my home. I also must disclose if I obtain a firearm(s) or weapon(s) during my involvement with Big Brothers Big Sisters of East Central Ohio.
4. He/She is not obligated, if called upon, to perform the volunteer service herein applied for and that the agency is not obligated to assign, or to actively seek to assign him/her a Little Brother/Little Sister; and, as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel.

Big Brothers Big Sisters reserves the right to reject a candidate for any reason that the association, in its sole judgment, determines will or may affect either the best interests of a Little Brother/Little Sister or Big Brothers Big Sisters of East Central Ohio. Furthermore, Big Brothers Big Sisters reserves the right to withhold the reason(s) for such refusal.

A copy of this release is acceptable in lieu of the original.

The undersigned expressly agrees to the above stated conditions in applying as a volunteer with Big Brothers Big Sisters.

Signature: _____ Date: _____

Printed Name: _____



DIGITAL TECHNOLOGY AND SOCIAL NETWORKING POLICY

Big Brothers Big Sisters of East Central Ohio recognizes that social networking on the internet is prevalent for volunteers, mentees and mentees' families. To protect our children and their families, we expect volunteers to adhere to the following BBBSECO Digital Technology and Social Networking Policy, to ALL guidelines defined by social media sites, and to ALL state and federal laws. BBBSECO reserves the right to monitor the social networking activities of volunteers, and to request that a volunteer delete inappropriate information from a social media site. If a volunteer is seen using social networking in an excessively inappropriate manner, his or her relationship with our organization could be terminated.

Community-based and Dual matches:

I. Child Safety and Appropriate Social Networking

Child safety is our #1 priority. Volunteers choosing to engage in social media are expected to maintain an appropriate presence on social media, **even if they are not "connected" with their mentee through social media sites**. Volunteers serve as role models for a child and the community.

- Volunteer should ensure that posts, tweets, photos and comments are appropriate and kid-friendly.

II. Confidentiality and Privacy

BBBSECO requires its volunteers to respect the confidentiality and privacy of the children and families of Big Brothers Big Sisters in every respect, including social networking. This applies even if the volunteer is not "connected" with their mentee through social media sites. **Volunteers must follow these requirements regarding confidentiality on their own and others' social media sites.**

- Written parental permission is required to post, share or tweet photos or videos of their mentee.
- Never post, share, tweet or tag their mentee's full name, location, city, address, school or other personal information such as where his/her parent/guardian works.
- Volunteers should not use geo-positioning applications when they are with their mentee.

III. "Connecting" with Mentees Through Social Networking

Mentors in a Community-based or Dual match may not initiate or accept an invitation to "connect" or "follow" his/her Little or member of the Little's family on any social media site without written parental permission

I HAVE READ AND WILL ABIDE BY THE BBBS DIGITAL TECHNOLOGY AND SOCIAL NETWORKING POLICY

Signature

Date



Confidentiality Policy/Management of Confidential Information

Purpose: The Board of Trustees of Big Brothers Big Sisters of East Central Ohio has determined that in order for children, parent/guardians and volunteers to be open and honest in their relationships with the agency and in order for the agency to protect the confidentiality of extensive personal information about these persons and their families, it is necessary to adopt this policy governing the management of confidential information. The agency respects the confidentiality of child and volunteer records and shares information only among agency professional staff and as otherwise described in this policy.

Information and Documents Considered Confidential: Confidential information includes all private and personal information used to accept or reject clients, to accept or reject volunteers, and to supervise matches, such as school records, medical records and information received from interviews and phone contacts. Confidentiality also applies to video, filming, pictures and use of a client's or volunteer's name or photograph in agency publications, unless specifically waived.

Access to Confidential Information. No one internally or externally will be given access to view confidential agency records without the express consent of the Board of Trustees of Big Brothers Big Sisters of East Central Ohio, except that Big Brothers Big Sisters of America representatives are given access for purposes of program evaluation and the following persons are permitted access to child and volunteer records in order to fulfill their job functions for the agency: Anyone given access to files, must first review and sign the agency confidentiality policy.

President & Chief Executive Officer
Quality Assurance Officer

- Program Staff
- Program Assistants (under professional supervision only)
- Human Resources Director
- Support Staff as designated by the CEO or the VP of Programs
- Volunteers (under professional supervision only)
- Student Interns/Work Study (under professional supervision only)

Exceptions to limited access are as follows:

Information may be provided to law enforcement officials or the courts pursuant to a valid subpoena without the individual's or agency's consent.

Information may be provided to the agency's legal counsel in connection with potential litigation involving the agency.

Agency personnel must report suspected child abuse to appropriate authorities as required by state law.

Agency personnel who receive information indicating a client or volunteer may be dangerous to himself/herself or others must take necessary steps to protect the appropriate party(ies), including a medical referral or report to local law enforcement authorities.

Information may be provided and file reviews may be conducted by agency auditors, funding agencies or other entities as approved by the CEO and only under professional supervision.

The Board of Trustees may grant access to child or volunteer files only upon authorization by formal motion approved by the board. The motion must state who is authorized to review records, the specific purpose for the review and the limited period of time during which access shall be granted.

Release of Confidential Information: All client and volunteer files are property of the agency, not of clients, parents/guardians, volunteers or agency personnel. Volunteers, rejected applicants, clients, parent(s), etc. are not given direct access to confidential information in their files in order to maintain the integrity of the agency's reference sources, program staff and collateral contacts.

Identifying information will not be made public, except names and photographs of clients and volunteers may be used in agency publications unless the client or volunteer withholds permission to use that information. Information in source documents, clients' files and volunteers' files is shared with individuals or outside organizations only under the following conditions:

A **release form** signed by a volunteer or client's parent(s)/guardian(s) requesting release of certain information in that person's file is presented to the program staff member, authorizing the agency to release specific information. The signature on the form must be original and genuine.

All requests for release of information must be approved by the Vice President of Programs or his/her designee.

Records are not duplicated; volunteer or client files are not reproduced and sent.

Information that is specifically requested is summarized in writing and forwarded to the requesting person.

A copy of the release and the written summary is placed in the appropriate file.

Requests for Confidential Information from Other Sources: When a program staff member wishes to obtain information from another organization or individual in order to perform intake, matching or supervision of a match, he/she will use the standard release of information form that has been signed by the client's parent(s)/guardian(s) or volunteer. A copy of the signed release shall be filed in the client's or volunteer's file with a copy of the letter requesting the information.

Applicant Signature _____ Date _____



Authorization of acknowledgement regarding BBBSO weapons policy

While some adults possess weapons for hunting and/or protection purposes, it is the policy of Big Brothers Big Sisters that all agency volunteers agree to inform BBBS of the ownership of weapons or the presence of weapons in the home. Volunteer Bigs must disclose any firearms and/or weapons ownership **both** at enrollment and throughout the life of the match.

1. BBBS staff will discuss the ownership of weapons during the volunteer's interview and/or home assessment. For purposes of this policy, "weapons" include all firearms, handguns, zip guns, knives (except for kitchen knives and small pocket knives not used or intended for use as a weapon or to inflict bodily injury) and explosive devices.
2. To ensure that weapons and ammunition are inaccessible to the child assigned to you by BBBS and to any other child participating in a BBBS activity, while the child is under your supervision. The means of ensuring the inaccessibility will be discussed during the interview and/or home visit.
3. To attest that any weapons, firearms or ammunition ownership is licensed, permitted, registered and handled in accordance with all applicable state and federal laws.
4. To adhere to the policy that a volunteer will not carry a concealed handgun at any time while accompanying the child assigned to you by BBBS or accompanying any other child participating in a BBBS activity (with the exception of law enforcement officers who are required to carry a weapon at all times and have received prior approval from BBBS).
5. To understand that BBBS will disclose to the parent or guardian of the child assigned to you by BBBS the agency's weapons policy and the volunteer's admission of weapon ownership or the presence of a weapon in the home. The parent/guardian will sign an acknowledgment page at the match introduction, and the volunteer will sign an acknowledgment of the ownership of a weapon during enrollment, copies will be kept in both files.
6. To obtain permission from the child's parent/guardian and from BBBS before engaging in any activity in which a weapon may be used with the child assigned to you by BBBS or with any other child participating in BBBS activities.
7. To abide by any other policy or procedure that BBBS may put into effect regarding weapons.
8. BBBS requires that a child under the age of 18 to participate in a gun safety course prior to using a firearm. We ask that a Volunteer provide their BBBS staff member a copy of the completed gun safety course prior to engaging in activities with weapons.
9. I agree to abide by the weapons policy of BBBSO

Volunteer Signature

(Printed Name)

BBBSO Staff Member



Volunteer Pre-interview Questionnaire

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

1. Which do you enjoy more?
 Indoor Activities Outdoor Activities
2. Would you describe yourself as a person who enjoys:
 Watching events or activities Actively participating in activities Both
3. In identifying a youth for you to work with, are there any special considerations you want us to know about?
 No Yes (If yes, we will have you discuss during the in-person interview)
4. Do you have any guns or ammunition in your house?
 No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)
5. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and Internet access?
 Yes No (If no, we will have you discuss during the in-person interview)
6. Do you have any pets that could potentially scratch or bite a child?
 No Yes (If yes, we will have you discuss what safety precautions are necessary around youth)
7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?
 No Yes (If yes, we will have you discuss during the in-person interview)
8. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so, please explain.
 No Yes (If yes, we will have you discuss during the in-person interview)
9. Would you be willing to work with a child who had experienced physical, emotional or sexual abuse?
 Yes No
10. Do you speak any foreign languages? Yes _____ No
11. Before we continue in the interview, is there anything else you'd like to tell us about yourself or any questions that you may have for a BBBS Staff member?



STATEMENT OF INTENT
Volunteer - Community Based

Please read each statement below and initial on the line provided, where applicable. Any statement that is NOT initialed should include an explanation and will be discussed during your in-person interview with a Big Brothers Big Sisters staff member.

I certify that:

____ (initial) I have never been charged or convicted of any emotional or physical abuse against a minor.

____ (initial) I have not been charged or convicted of any sex-related offenses

____ (initial) I have never engaged in any sexual activity with a minor.

____ (initial) I have never been hospitalized or institutionalized for any mental or emotional condition.

____ (initial) I have never been charged or convicted of a drug or alcohol-related offense.

____ (initial) I do not use illegal drugs or abuse alcohol.

____ (initial) I do not currently have an infectious or life-threatening disease.

____ (initial) I have been given the child safety & youth protection information on "Recognizing and Addressing Child Abuse/Neglect" as well as the required practices and policies set forth by BBBS of Central Ohio in the Mentor Manual.

____ (initial) I have been given a copy of the Big Brothers Big Sisters of Central Ohio (Mentor Manual) policy entitled "Management of Confidential Information". I understand that it stated the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

____ (initial) I have been honest in my interview statements and in answering the interview questions; I have not purposely held back any information or falsified information in order to gain acceptance into the Big Brothers Big Sisters program.

My signature certifies that the above information is accurate, and I understand that if I have provided false or misleading information it may result in a decision not to accept me as a volunteer, or, if already volunteering, may lead to my dismissal.

Applicant's Signature _____ Date _____

COMMENTS: _____

Senate Bill 187 (as of March 22, 2001, now law) encourages volunteer organizations to conduct Bureau of Criminal Investigations and Identification (BCII) fingerprint checks for volunteers with unsupervised access to children. This mandate from the law is to let our volunteers know that volunteers may be subject to BCII checks. Currently BBBS is not participating in BCII and are doing social security number-based background checks through an on-line provider.



Background Check Form

Auto Insurance Co. & Policy Number _____
(Please use blue or black ink)

Date: _____

Legal Name: _____
Last **First** **Middle**

Date of Birth: _____ **Age:** _____ **Gender:** Male Female

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

PLEASE LIST COUNTIES YOU HAVE LIVED IN

1. County _____ State _____

How long (Years)? From _____ To _____

2. County _____ State _____

How long (Years)? From _____ To _____

3. County _____ State _____

How long (Years)? From _____ To _____

4. County _____ State _____

How long (Years)? From _____ To _____

5. County _____ State _____

How long (Years)? From _____ To _____

Driver's License Number: _____ **Expiration Date:** _____ **State:** _____

Social Security Number: _____



Information Consent and Release Form

Please read carefully, check your response and sign below.

I agree and give permission for any Big Brothers Big Sisters of East Central Ohio staff member to review all information contained in my file.

I **DO** _____ consent to the use of identifying information in print, video, films and/or photographs for publicity or promotion by Big Brothers Big Sisters of East Central Ohio.

I **DO NOT** _____ consent to the use of identifying information in print, video, films and photographs for publicity/promotion by Big Brothers Big Sisters of East Central Ohio

I **DO**____/ I **DO NOT**_____ give permission for you to contact my employer for the purpose of recognition of my participation.

Supervisor's Name _____

Applicant Signature

Date

Printed Name

Complete below if you have lived in any of the following states:

Alaska • Colorado • New Hampshire • Pennsylvania • Washington

I _____, authorize the ____ State of Alaska ____Colorado ____
New Hampshire ____Pennsylvania ____ Washington to release my driving record to LexisNexis
Screening Solutions and/or its agents.



Authorization for Release of Information
Medical/Counseling
Volunteer

I, _____ authorize _____

Its director or designee to release the following information to Big Brothers Big Sisters of East Central Ohio, Inc. from my records: Dates of counseling, diagnosis, prognosis, any medications prescribed and any other pertinent information.

The purpose for the disclosure of information:

To determine the appropriateness of this person to become a Big Brother or Big Sister Volunteer working with a child for a minimum of one year, seeing that child at least 2 times a month.

This consent shall expire on _____ unless expressly revoked earlier.

It is my understanding that this information will be held confidential.

Volunteer Name

Date



Authorization for Release of Information
Prior Volunteer or Experience with Youth

I, _____ authorize _____
Name Organization Name

Its director or designee to release the following information to Big Brothers Big Sisters of East Central Ohio, Inc. from my records: Dates of volunteerism, involvement with organization/type of volunteerism, population volunteer worked with and any other pertinent information.

The purpose for the disclosure of information:

To determine the appropriateness of this person to become a Big Brother or Big Sister Volunteer working with a child for a minimum of one year, seeing that child at least 2 times a month.

This consent shall expire on _____ unless expressly revoked earlier.

It is my understanding that this information will be held confidential.

Volunteer Name Date

Organization Location: _____

Organization Phone Number: (____) ____-_____

Email Address: _____