



Big Brothers Big Sisters of Ocean County, Inc.

Start Something...

20 Hadley Ave, Toms River, NJ 08753 Phone: 732-505-3400 Fax: 732-505-3403 www.bbbsoc.org

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to info@bbbsoc.org or fax to 732-505-3403; or hand deliver or mail to **20 Hadley Ave, Toms River, NJ 08723.**

For agency use only:

Govt. ID: _____

DMV Lic.: _____

Auto Ins.: _____

CB SB SB+ HS Big

Program

Interest: _____

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (*if not used as your government-issued photo ID*), and proof of auto-insurance coverage (*Declaration Page of your auto policy*), if you plan to transport a child within the community-based program. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

Please make sure that you provide all the necessary information. Incomplete application will result in processing delays.

GENERAL INFORMATION

First Name:	Middle Name:	Last Name:	Preferred Name :		
Home Phone #:	Work Phone #:	Cell Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Cell phone Provider:		
Home Address:		City:	County:	State:	Zip:
Personal E-mail:	Work E-mail:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)			
Social Security Number:		Gender:		Marital Status:	
Date of Birth:				If applicable, maiden name:	
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
Nationality/Country of Origin:					

Occupation:	How Long Employed?	Work Hours?
Highest Level of Education:	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Area of Study:	If yes, please name school:	
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service:	
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If retired, separated, or discharged, please check the character of separation/discharge:		
<input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		

Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.

Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #: Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else? Yes No

If yes, when and where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No

If yes, when and where?

Do you know anyone in the Big Brothers Big Sisters of Ocean County Program? Yes No

If Yes, Who?

Have you ever been involved with or volunteered for another youth organization? Yes No

If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization? Yes No

If yes, when and where?

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission? Yes No

If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events for matches, Littles, waiting-list children, etc.
- Volunteering at agency fundraising events
- Inviting BBBS to speak at a company, church, organization, or other group of which I am a member

REFERENCE INFORMATION

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

ALL REFERENCES MUST BE AT LEAST 18 YEARS OF AGE

Spouse/Partner's name:		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Employer or Co-worker (current or past) or school personnel (if you are a student):				
Name:				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Friend, Neighbor, or other personal reference:				
Name:				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		

In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past 5 years. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				

Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving?			
Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or

criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Photographs and videos are taken at BBBSOC events and activities which gives us the opportunity to promote Big Brothers Big Sisters of Ocean County in the community. It raises awareness to our mentoring need and the necessity for funding and donations. By sending a thank you letter to a sponsor with a photograph or listing our events in the newspaper, it draws attention to our organization and helps us to better service the children of Big Brothers Big Sisters.

*** ELECTRONIC SIGNATURE NOTICE**

This notice is intended to provide you with important information required by the Electronic Signatures in Global and National Commerce Act (E-Sign Act). Consent By entering your name, you consent to submit your application, pre-interview questionnaire, confidentiality policy, insurance verification and/or background check authorization form and all information electronically. Typing your name in the textbox on forms and submitting the forms via email will constitute your electronic signature.

I GIVE I DO NOT GIVE my permission for BBBSOC to use my photo for media/press releases, BBBSOC website, social networking and/or other BBBSOC outreach events.

Signature*:

Date:

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

Name: _____

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
Yes No
2. Do you anticipate any significant life changes over the next year or had any this past year?
Yes No Please describe:
3. Have you ever been accused, arrested, charged, or convicted of a crime?
Yes No If Yes, Please describe:
4. Have you had any driving citations and/or moving violations in the past 5 years?
Yes No If Yes, Please describe:
5. Do you have guns, ammunition, or other weapons in your house?
Yes No
6. Do you have any pets?
Yes No Please list type, breed, size and social:
7. Are you experiencing any physical or mental health issues?
Yes No Please describe:
8. Do you speak any foreign languages?
Yes No
9. Is there anything else you'd like to tell us about yourself or any questions that you have?

10. Are there other people living in your household?
 Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

11. Has anyone in the home ever been charged or convicted of a crime? Please list and explain the outcome:

12. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

I have answered these questions honestly and completely to the best of my knowledge.

Name:

Signature*:

Date:



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CONFIDENTIALITY POLICY STATEMENT

Access to Confidential Records

In order for BBBSOC to provide a responsible and professional service to the children of our community, it is necessary for volunteers, children, and parents/guardians of the children to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of the child and volunteer records, and with the exception of situations listed below, shares information about children and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records, but to video, film, pictures, or use of the child or volunteer's name in agency publications.

All records are considered the property of the agency and not the agency workers or children or volunteers themselves. In order to provide a service which is in the best interest of the children served by the program, information from outside sources, including confidential references, must be assessed along with information gained from the children, parents, or volunteers. Records are not available for review by the children, parents, or volunteers. Parents and volunteers shall be provided, at the time of application, a copy of this statement on confidentiality, along with the exceptions which define the limits of confidentiality. Parents and volunteers shall sign a statement that he/she has read and understands the agency policy on confidentiality, and agrees to program participation under the guidelines it sets forth.

Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "Consent to Release Information" form, appropriately signed by the parent or volunteer.
2. Identifying information regarding children and volunteers may be used in agency publications or promotional materials if the parent or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America, may have access to child and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved, and appropriate disciplinary action shall be requested.
4. Members of the Board of Directors have access to files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review, and the period of time during which access will be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the appropriate authorities. All affiliates of BBBS are responsible for being aware of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a child or volunteer may be dangerous to him/herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

I have read and understand the above document which states the agency policy with respect to confidentiality of the child and volunteer records. I agree to program participation under the conditions it sets forth.

Parent/Volunteer Name *(Please Print)*

Signature*

Date



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Employee/Volunteer Auto Insurance Verification

*All employees and volunteers must carry auto insurance as required by the State of New Jersey. BBBSOC provides excess auto liability protection for employees and volunteers while carrying out BBBSOC work. Our insurance carrier requires semi-annual verification of valid insurance. **This requirement can be satisfied by providing us with a copy of the declaration page of your car insurance policy when submitting your application.***

Name of Employee/Volunteer:

Insurance Company:

Policy Number:

Insurance Agent:

Insurance Agency Phone #:

I agree to notify Big Brothers Big Sisters of Ocean County should there be any changes in my automobile insurance coverage.

Applicant Signature*:

Date:



Authorization to Complete a Background Check

I, _____ hereby authorize Big Brothers Big Sisters of Ocean County to conduct a complete background investigation, including any criminal activity or pending litigation I have been, or am currently involved, in. I waive any claim, of any nature whatsoever, I might have against Big Brothers Big Sisters of Ocean County, as well as any law enforcement or private agency which may be contacted by, or supply information to, Big Brothers Big Sisters of Ocean County, as part of the background investigation, and agree that any information supplied will be solely the property of Big Brothers Big Sisters of Ocean County. I have read and understand the above terms and sign this document knowingly and voluntarily.

Full Legal Name:

Date of Birth:

Maiden Name:

Address:

City:

Zip:

County:

Previous Addresses (List all addresses for the last 7 years, **including the county name**)

Address:

Dates:

Address:

Dates:

Address:

Dates:

Address:

Dates:

Social Security Number:

Driver's License Number:

State of Issuance:

Expiration Date:

Applicant's Signature*:

Date: