

File # _____



Big Brothers Big Sisters
of the Inland Empire

Attach Picture Here

Volunteer Enrollment Form – High School Bigs

Volunteer Information		Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Name:	Date of Birth:	Age:
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Home Address:	Apt/Unit:
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City:	State:	Zip Code:
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Cell Phone:	Home Phone:
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Email: _____

Ethnicity (check one): African American Asian Caucasian Latino Other: _____

Grade:	School:	Dismissal Time:	Student ID#:
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Have you ever applied to be a Big Brother / Big Sister before? Yes No If so, where? _____

How were you referred to Big Brothers Big Sisters of IE? _____

Parent/Guardian Information

Mother's/Guardian Name:	Cell Phone:
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Father's Name:	Cell Phone:
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Emergency Contact (other than parent)

Name:	Relationship to volunteer:
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Home Phone:	Cell Phone:
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References (MUST include 2)

<u>Parent, Teacher or other Adult who knows you well</u>	<u>Friend</u>
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Name:	Name:
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Phone:	Phone:
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Email:	Email:
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Office Use Only:
Date Received _____ Interview _____ RTBM _____ Picture Reference Closed _____



ADDITIONAL VOLUNTEER INFORMATION

Please mark boxes indicating any of the following health conditions:

Asthma Diabetes Seizures Other _____

Allergies List allergies: _____ (ex. Peanuts, bees, penicillin)

List any medications you take (ex. EpiPen, Inhaler): _____

CONSENT AND RELEASE FORM

1. I hereby give consent to Big Brothers Big Sisters of the Inland Empire (BBBSIE) to use photographs and/or stories about my participation in the Big Brothers Big Sisters Program, in their public relations and publicity activities.
2. I authorize BBBSIE to obtain medical and/or surgical treatment in case of illness, accident, or any situation that may arise. These medical services are to be performed by _____ or in his/her absence, any licensed medical doctor. I further state that I will not hold BBBSIE liable in case of illness, accident or emergency situation.
3. I give permission for BBBSIE staff to talk with my child about personal safety.
4. I understand that all the information obtained through the enrollment process is the sole property of BBBSIE and that I relinquish my rights to access this information.
5. I understand that if I am not accepted into the program, I will not be provided with an explanation.
6. I understand that if I am accepted into the program, at least one full year commitment is required. If I do not uphold this commitment without a valid reason, I understand that I am not eligible to receive credit for service hours already completed.
7. I attest that all the information provided on this enrollment form is to the best of my knowledge true and accurate and that I fully understand all the questions and statements herein.

PARENTS SECTION

I, _____ give permission for my child to participate in the BBBSIE High School Bigs Program. I have read and agree to the above consents/releases.

Participant's Signature

Date

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian



CONSENT AND RELEASE FORM

Please initial one of the two boxes below and sign the bottom of the form

Yes

_____ (init.) I hereby accept the invitation of Big Brothers Big Sisters of the Inland Empire (*BBBSIE*) to appear and be identified in print in any *BBBSIE* publication or production, or grant the right to use the image of the minor child as specified below.

I hereby grant to *BBBSIE* and its affiliates the right to use this image, name, and biographical information as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography and recordings. Examples include, but are not limited to, print news media, televised news media, promotional print media and website.

In consideration of \$0 to me paid, I hereby grant to *BBBSIE* and its affiliates the absolute right to use this image made through *BBBSIE* studios or elsewhere, in whole or in part, in true or distorted character or form, alone or in conjunction with any other image, name or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuum.

I hereby release *BBBSIE* and its affiliates from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with *BBBSIE* exercise of the right hereby granted, with my (or minor child's) appearance in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

No

_____ (init.) I do not grant *BBBSIE* the right to use the image of the minor child as specified above.

Participant's Signature

Date

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian



REFERENCE CHECKS FORM

Volunteer Applicant Name:

Reference Name:

Phone Number:

1. How long have you known the volunteer (Years/Months)?

2. In what capacity do you know the volunteer (your relationship to him/her)?

3. Can you tell me about a time when you observed the volunteer around a child/children?

4. What was your impression or feelings about that interaction?

5. Do you know of any reason(s) why being a Big Brother/Big Sister may not be the right volunteer experience for this applicant?

6. Do you know of any reason(s) why this may not be the best time for this applicant to commit to being a Big Brother/Big Sister? **Volunteers are required to commit to one hour per week, afterschool, for the entire school year.*

7. What else would you like to tell us about this applicant?



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PRE-INTERVIEW QUESTIONNAIRE			
1. What days are you available after-school? Circle all that apply.			
Monday	Tuesday	Wednesday	Thursday
2. List your interest, talents, and/or hobbies:			
3. How would you describe yourself? (Two sentences)			
4. List, if any, your extra-curricular activities:			
5. What gender elementary school student would you prefer to work with?			
Boy	Girl	Either	
6. What type of child would you prefer to work with?			
Talkative	Quiet	Either	
7. What grade level do you feel more comfortable interacting with? Please, circle one.			
1st-3rd	4th-6th	Any	
8. Do you have transportation available to your selected school? (ex: walking, a ride, driving, etc.)			
Yes	No		
9. Are you experiencing any physical and/or mental health problems? If yes, please explain.			
Yes	No		
10. Have you ever been charged with or convicted of a crime? If yes, please explain.			
Yes	No		
11. Do you anticipate moving over the next year?			
Yes	No		
12. Do you speak any foreign languages? If yes, please list them.			