

Please check Program(s) you are applying for:

Core Program _____
A.I.M. Program _____
High School Program _____
College Program _____

FOR OFFICE USE

Date Sent _____
Date Received _____
BBBS E-mail: bev@bbbsgreensburg.org

COMMUNITY BASED - VOLUNTEER APPLICATION

NAME _____ AGE _____ BIRTHDATE _____

PREVIOUS NAMES (Maiden, previous marriage, etc.) _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ ADDRESS _____

OCCUPATION/POSITION _____ E-MAIL _____

SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

CAN WE CONTACT YOU AT WORK? _____ WORK PHONE _____

EDUCATION: HIGH SCHOOL _____ YEARS, COLLEGE _____ YEARS, DEGREE _____ OTHER _____

(HIGH SCHOOL APPLICANTS ONLY NAME OF HIGH SCHOOL) _____
(GRADE) _____

DO YOU HAVE A DRIVERS LICENCE? _____ DO YOU OWN OR HAVE ACCESS TO AN
AUTOMOBILE? _____

LIST PERSONS INVOLVED IN BB/BS WHOM YOU KNOW. _____

IS THERE A SPECIFIC AGE CHILD YOU WOULD PREFER TO BE MATCHED WITH?
6-8 _____ 9-11 _____ 12-14 _____

LIST ANY EXPERIENCES YOU MAY HAVE HAD IN WORKING WITH CHILDREN: _____

(A.I.M. APPLICANTS ONLY PLEASE SPECIFY DAYS YOU WOULD BE AVAILABLE.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MISDEMENOR? _____ If so please
explain. _____

PLEASE LIST BELOW YOUR PLACES OF RESIDENCE (CITY AND STATE) FOR THE PAST TEN
YEARS.

<u>YEARS</u>	<u>CITY</u>	<u>STATE</u>	<u>YEARS</u>	<u>CITY</u>	<u>STATE</u>
19 _____ 19 _____	_____	_____	19 _____ 19 _____	_____	_____
19 _____ 19 _____	_____	_____	19 _____ 19 _____	_____	_____

REFERENCES: PLEASE LIST THE NAME, ADDRESS, AND PHONE NUMBER OF THREE PERSONS WHOM WE MAY CONTACT TO RECEIVE INFORMATION TOWARD YOUR MORAL CHARACTER AND REPUTATION. REFERENCES MUST HAVE KNOWN YOU FOR AT LEAST ONE YEAR. DO NOT INCLUDE RELATIVES UNLESS HIGH SCHOOL APPLICANT. (PLEASE TELL YOUR REFERENCES THAT A FORM WILL BE COMING AND PLEASE RETURN THE COMPLETED FORM TO BB/BS IMMEDIATELY).

**APPLICANTS - LIST PERSONAL REFERENCE.
(HIGH SCHOOL APPLICANT - LIST GUIDANCE COUNSELOR/TEACHER)**

1.
NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
—
LENGTH KNOWN _____ HOW ASSOCIATED _____

**APPLICANTS - LIST PERSONAL REFERENCE.
(HIGH SCHOOL APPLICANT - LIST FAMILY MEMBER)**

2.
NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
—
LENGTH KNOWN _____ HOW ASSOCIATED _____

(ALL - LIST PERSONAL REFERENCE)

3.
NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
—
LENGTH KNOWN _____ HOW ASSOCIATED _____

**VOLUNTEER
SIGNATURE** _____

(HIGH SCHOOL APPLICANT ONLY)

I give permission for my child, _____, to be interviewed by Big Brothers/Big Sisters of Decatur County, have a Police Check run, and to complete the 16PF, which measures personality characteristics. I understand the information obtained from the interview, police check, and 16PF is strictly confidential.

Parent/Guardian Signature: _____ Date _____
(If applicant is under 18 years of age)