

Helena Office  
 30 W. 6<sup>th</sup> Ave  
 Helena, MT 59601  
 406.442.7479  
 www.bbbs-helena.org



Great Falls Office  
 18 6<sup>th</sup> St N. #26  
 Great Falls, MT 59401  
 406.453.5521  
 www.bbbs-gf.org

## VOLUNTEER APPLICATION

Along with this application, you will later be asked 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, 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.

### 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	
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"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <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 If yes, please name school:			
Area of Study:							
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?

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.

<b>Spouse/Partner's name:</b>		Family member name (if no spouse/partner):	
Address:		City:	State:      Zip:
Day Phone #:	Cell #:	Email:	

<b>Employer or Co-worker</b> (current or past) or school personnel (if you are a student):			
Address:	City:	State:	Zip:
Day Phone #:	Cell #:	Email:	
<b>Friend, Neighbor, or other personal reference:</b>			
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. 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-organizations I listed may be contacted by mail, telephone, email, or in-person to determine my suitability for working one-on-one with a child;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records, juvenile and adult criminal records, 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 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*);
- 9) I agree to keep confidential the information shared with me regarding a potential Little Brother/Sister and their family. I will not discuss this information with any person other than the assigned professional staff of BBBS.
- 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 understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 12) 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.

**MEDIA CONSENT**

I give permission to be depicted through various avenues of media, such as photographs, quotes, video depictions, drawings, or otherwise, for any purpose which the organization deems fit without compensation to myself. I understand that it is not guaranteed that I will be featured in any or all such media coverage. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:***

Parent/Guardian Name: \_\_\_\_\_ 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
4. Have you had any driving citations and/or moving violations in the past 5 years?  
 Yes  No
5. Do you have guns, ammunition, or other weapons in your house?  
 Yes  No
6. Are you experiencing any physical or mental health issues?  
 Yes  No
7. Do you speak any foreign languages?  
 Yes  No
8. Is there anything else you'd like to tell us about yourself or any questions that you have?
9. 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:

10. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**RELEASE OF INFORMATION PROTECTIVE SERVICE BACKGROUND CHECKS**

**PLEASE TYPE OR PRINT LEGIBLY**

*Incomplete or illegible forms may be returned*

Legal Name \_\_\_\_\_  
(First Name) (Middle Name) (Maiden Name) (Last Name)  
**Enter NMN if none**

Aliases/Other Names Used \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Please check as many as apply. **The reason this information is being requested is that I am:**  
 an applicant for employment  an employee  a prospective volunteer  a volunteer

**Authorization Statement and Signature**

I am aware that this release pertains to report(s) of child abuse or neglect in Montana that indicates **a risk to children**. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that a child in the care of the person was adjudicated by a court as a youth in need of care; and/or a history that show that the person has had their caregiver rights to a child terminated. The information provided under this release may contain information that could adversely affect my employment or volunteer status.

I hereby authorize the Department of Public Services, Child and Family Services Division to release confidential information in connection with my status as a prospective or current employee or volunteer in accordance with 41-3-20593(o) MCA to:

\_\_\_\_\_  
Name of Agency Mailing Address

\_\_\_\_\_  
Name of Agency Contact Person: Telephone No: Fax No:

I am also aware that although the entities requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

The Department of Public Health and Human Services (DPHHS) does not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin. If you believe you have been subjected to discrimination contact the DPHHS Human Resources Division at (406) 444-3136 or the Montana Human Rights Bureau at 1-(800)-542-0807, or relay service at 711.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC)**

**TO BE COMPLETED BY NOTARY PUBLIC:**

Taken, sworn, and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Montana Residing at

\_\_\_\_\_  
Printed name of Notary Public My Commission expires