

Community Volunteer Application Instruction Sheet

1. Please ensure all front and back side documents are completed.
2. Faxing application, child abuse and neglect registry, motor vehicle, and state police will expedite the volunteer application process. Please fax to 501-375-0906.
3. Please bring drivers license and insurance forms to interview.
4. Please bring all completed paper work to your interview.
5. If you must cancel your interview, please call 501-374-6661.
6. Notary is available at BBBS Office and can be completed at time of interview.

**Big Brothers Big Sisters of Central Arkansas
312 West Pershing
North Little Rock, AR 72114**

VOLUNTEER APPLICATION

(Please bring this form with you to your interview or mail it to us prior to first interview)

| | | | | | | | | |
|---|--|------------------------------|-------|------------|--------------------|----------------|--------|------|
| First Name: | | Middle Name: | | Last Name: | | Date of Birth: | | |
| Home Address: | | | City: | | County: | | State: | Zip: |
| Email: | | Home Ph #: | | Work Ph #: | | Cell #: | | |
| Male Female | | Employer: | | | | | | |
| Address: | | | City: | | State: | | Zip: | |
| Occupation: | | | | Ethnicity: | | | | |
| Can We Contact You At Work: Yes _____ No _____ | | Work Hours: | | | How Long Employed: | | | |
| Do you have a driver's license? Yes _____ No _____ | | If yes, state of issue and # | | | Expiration date: | | | |

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

| | | | | | | | |
|---|------------------|--|--------------------|-----------------------|--------------|--------------------|------|
| 1. Employer's Name (or school if student): | | Supervisor's Name (or teacher if a student): | | | | | |
| Address: | | | City: | | State: | | Zip: |
| Day Phone #: | | Fax #: | | Email: | | | |
| 2. Coworker or Friend: | | | | | | | |
| Address: | | | City: | | State: | | Zip: |
| Day Phone #: | | Fax #: | | Email: | | | |
| 3. Spouse/Domestic Partner/Friend: | | | | | | | |
| Address: | | | City: | | State: | | Zip: |
| Day Phone #: | | Fax #: | | Email: | | | |
| Have you ever applied before to be a Big Brother or Big Sister? Yes _____ No _____ | | | | Where and When: | | | |
| At this time, which program are you most interested in? | | | | | | | |
| Big Brother _____ | Big Sister _____ | Big Couple _____ | Family Match _____ | Community Based _____ | School _____ | Sports Buddy _____ | |

(see back of sheet)

I understand that:

- 1) the references I listed may be contacted by mail, telephone, or email;
- 2) this application in no ways obligates me to perform any volunteer services;
- 3) the information I provided may be used to conduct a background check, to include driving records check, criminal background check, national background check and other records where required by local, state, or federal law for volunteers working with youth;
- 4) our BBBS agency is not obligated to match you with a youth
- 5) as part of our enrollment processes, we will be asking you to provide additional personal information prior to make any recommendations for assignment.

Signature

Date

PRE-INTERVIEW QUESTIONNAIRE FOR VOLUNTEER

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 their child will be matched with. But 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 program.

Name: _____ Date: _____

Please list information about all others living in your household:

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

1. Would you describe yourself as a person who enjoys watching events or activities, actively participating in activities, or both?

2. Are you experiencing any physical or mental health problems? (If yes, we will have you discuss more detail during the in-person interview). YES NO

3. Have you ever been arrested, charged, or convicted of a crime? (If yes, we will have you discuss more detail during the in-person interview). YES NO

4. How long have you lived in the area? _____

5. Do you anticipate any significant life changes over the next year or have you had any in the past year? (If yes, we will have you discuss more detail during the in-person interview). YES NO

6. Do you speak any foreign languages? YES NO

(please see back for more information & signature)

7. Which do you enjoy more: (**CIRCLE ONE**) Indoor Activities, Outdoor Activities, or No Preference?

8. **COMMUNITY BASED** - Do you have any guns or ammunition in your house? (If yes, we will need to discuss with you various safety precautions that will be necessary around youth).

YES NO

9. **COMMUNITY BASED** - Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels, internet access, and printed material.

YES NO

10. **COMMUNITY BASED** - Do you have any pets? (If yes, we will need to discuss with you various safety precautions that will be necessary around youth).

YES NO

11. Have you had any driving citations and/or moving violations in the past 5 years? (If yes, we will have you discuss more detail during the in-person interview).

YES NO

12. **SCHOOL BASED** - Day of the week, and time of the day you may be available to volunteer?

13. What is your marital status: (**CIRCLE ONE**) Single, married, divorced, domestic partner, or widow(er)?

14. What is the highest level of education you have attained in years? _____

15. Do you have transportation? YES NO

16. In identifying a youth for you to work with, are there any special considerations you think we should know about? (If yes, we will have you discuss more detail during the in-person interview).

YES NO

17. Before we continue with some additional questions about your personal background and life, is there anything else you would like to tell us about yourself or any questions you have for the interview?

Signature

Date

Request for Verification of Automobile Insurance
Big Brothers Big Sisters of Central Arkansas
312 West Pershing
No. Little Rock, AR 72114
Fax: 375-0906

I _____ give my permission

for _____
Name of Insurance Company

to provide verification of automobile insurance to Big Brothers Big Sisters of Central Arkansas.

Insurance Agent's Name _____

Insurance Agent's Mailing Address:

Street

City Zip

Signature Date

PLEASE PRINT Name



ARKANSAS STATE POLICE

ASP-122 (Rev. 09/07)

Identification Bureau Individual Record Check Form

ONLY COMPLETE INFORMATION ABOVE SOLID LINE

Full Name: First Middle Last Name Maiden/Other

Date of Birth: (Month/Day/Year) State of Birth: Race: Sex:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: ()

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS (First/MI/Last Name) or Full Name of Agency

Mailing Address: 312 WEST PERSHING BLVD NORTH LITTLE ROCK AR 72114 Street City State ZIP

Signature: (First/MI/Last Name) Date: (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF Office Use Only - Do Not Complete

COUNTY OF § Office Use Only - Do Not Complete

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the day of, 20.

It is not the volunteer's responsibility to complete this document with a notary before turning in to BBBSCA.

Notary Public

82004 State Record Check

82005 State Record Check



BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS

312 West Pershing

North Little Rock, AR 72114

Phone: (501)374.6661 * FAX: (501)375.0906 * Email: mentor@bbbsca.org

**Authorization for Release of Confidential Information
Arkansas Child Abuse and Neglect Registry.**

I hereby authorize and request that the Arkansas Department of Human Services search the Child Abuse and Neglect Central Registry and release to me and to Big Brothers Big Sisters of Central Arkansas any information indicating the undersigned applicant as an alleged perpetrator of suspected child abuse/neglect. I understand that the name of any confidential informants, or other information, which does not pertain to me as an alleged perpetrator, will not be released. Further, I authorize and request that one copy of the information be sent to me, and that one copy be sent directly to Big Brothers Big Sisters of Central Arkansas, Inc. at 312 West Pershing, North Little Rock, AR, 72114. **Send to the attention of Carole DeLaney, Program Director.** This information is released solely for use by Big Brothers Big Sisters, and may not be published or released by them.

Applicant's Name (PRINT)

Social Security Number

Maiden Name / Aliases

Full Name / Age Children

Race Age / DOB

Full Name / Age Children

Current Address:

Full Name / Age Children

From _____ To PRESENT

Former Address:

Signature of Applicant

From _____ To _____

FOR OFFICE USE ONLY

COUNTY OF _____) STATE OF ARKANSAS)

Acknowledged before me, this _____ day of _____, 20_____.

My Commission Expires: _____

Signature of Notary Public



BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS
 312 W. Pershing Blvd.
 North Little Rock, AR 72114
 Phone: (501)374-6661 * FAX: (501)375-0906

DRIVING RECORD CHECK

I AUTHORIZE BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS TO RUN A CHECK THROUGH THE ARKANSAS MOTOR VEHICLE TRAFFIC VIOLATION DEPARTMENT AND/OR ANY STATE I HAVE RESIDED IN THE PAST 3 YEARS. I ALSO GIVE PERMISSION FOR BIG BROTHERS BIG SISTERS TO REPEAT THIS CHECK ON AN ANNUAL BASIS AS LONG AS I AM A PARTICIPANT IN THE PROGRAM.

_____ signature _____ date

MALE _____ Female _____ BIRTHDATE _____

RACE _____

 _____ NAME (PLEASE PRINT)

_____ ADDRESS (PLEASE PRINT)

STATE OF LICENSE _____ DRIVERS LICENSE NUMBER _____

VEHICLE LICENSE NUMBER _____ SOCIAL SECURITY NUMBER _____

♦ In the past 3 years, I have lived in the following states:

_____ State _____ Drivers License Number _____

_____ State _____ Drivers License Number _____

_____ State _____ Drivers License Number _____

GUIDELINES and SAFETY AWARENESS FOR BIG BROTHERS AND BIG SISTERS

1. **BE CONSISTANT AND DEPENDABLE**. Your Little Brother or Little Sister **MUST LEARN** to trust you.
2. No legal responsibility is assumed by the BB/BS resulting from the relationship with the child. If a problem arises, the BB/BS will not intercede for the parent.
3. The BB/BS have no financial responsibilities toward the child or the family. However, in most cases the BB/BS should expect to pay for the outings with the LB/BS. Do not plan expensive outings.
4. Give your LB/LS the opportunity to help you. (It will make him/her feel important and needed.) He/she will be proud to help you wash your car, make dinner, discuss your problems as well as his/hers.
5. Never discuss your LB/LS's situation or problems **in their presence** (not even with his/her parent).
6. Set realistic directions and goals for your LB/LS and try to make the achievement of them fun.
7. Always be supportive of the parent - even when you disagree. Do not make judgments concerning any family situation. It is, however, appropriate for the BB/BS to correct misbehavior within context of relationships; but leave "parenting" to the parent. Do not interfere if the parent disciplines the LB/LS in your presence.
8. **YOU ARE NOT** a: Santa Claus to the child or parent, a taxi cab service, a probation officer, a child-saver, a parent rehabilitator.
9. a. BB/BS may not take their LB/LS to their home to visit for **at least 4 weeks**.
b. **Overnight visits** with the BB/BS are **NOT** permitted until you have been matched at least six (6) months. After six (6) months, the child may stay overnight with the BB/BS, **BUT only** after notifying the Match Support Specialist 24 hours in advance.
10. There is no specific time commitment required of a volunteer; however we **suggest** three times per month and a one year commitment. The program is flexible to work around busy schedules. We suggest you discuss this with your Match Support Specialist at the interview the amount of time you think you will be able to commit.
11. It is suggested you don't include outside people on your outings with your LB/LS at least for the first few months of the relationship. It takes time for the two of you to build a relationship. Your LB/LS will develop confidence in you and it's important to maintain it.
12. Let your LB/LS share in making decisions about the activities in which the two of you engage. However, do not let your LB/LS plan expensive outings on a regular basis.
13. Always call your LB/S before you pick him/her up. Be sure he/she gets mother's approval of day and time before you hang up. Try to give LB/LS some idea about what you will be doing so he/she can be appropriately dressed. Always return your LB/LS home at the agreed time, and when you cannot, give the parent a call.
14. Feel free to say **NO** to any and all outlandish requests by the parent or child, (i.e. child or mother asks to borrow money).

(See Back)

GUIDELINES and SAFETY AWARENESS FOR BIG BROTHERS AND BIG SISTERS (continued)

15. Let your Match Support Specialist know any problems or questions you have. Give your Match Support Specialist a call monthly to let them know about your match. We love to hear good news!
16. Do not make impossible promises to your LB/LS.
17. **KEEP YOUR APPOINTMENTS!!!** If it is necessary to cancel an appointment, your LB/LS deserve an explanation. Remember your LB/LS may have had many disappointments in his/her life and inconsistency or disregard on your part could damage the relationship.
18. If you have to be out-of-town for more than a day or two, let your LB/LS know in advance. A postcard while you are away will mean a lot. If you are moving, be sure and notify the agency immediately.
19. Notify the agency of phone number, e-mail or address changes, either at home or at work, immediately.
20. It is the responsibility of all BB/BS to keep the agency informed of all changes so that case files may be kept current, i.e. moving, marriage, divorce, job changes, etc.
21. BB/BS is not allowed to drink alcoholic beverages and tobacco in the presence of their LB/LS or immediately before picking them up. BBBS prohibits a BB/BS to use illicit drugs while volunteering with our agency.
22. BB/BS is not allowed to take their LB/LS to **R rated** movies.
23. BB/BS is not allowed to date the child's parent.
24. BB/BS must lock up all firearms.
25. When transporting your Little **ALWAYS** use seat belts. If you have a passenger side air bag, Littles under 12 should be in the back seat.
26. No other family members, friends, co-workers, or significant other, etc, is allowed to transport your LB/LS.
27. Corporal punishment, verbally and/or emotionally abusive means of discipline by BB/BS is prohibited.
28. BB/BS needs to be sensitive to whether a hug or other form of physical touch is comfortable to a child. In the early stages of a match, a child should be asked if it is okay to give him/her a hug.
29. BB/BS certain types of physical contact such as: tickling, wrestling, pinching, patting, or asking a child to sit on an adult's lap are more likely to violate a child's personal boundaries.
30. It is prohibited for a BB/BS to display or discuss any materials of a sexual nature including but not limited to viewing pornography or sexually suggestive materials.
31. BB/BS need to provide separate, private areas for a little to: change clothes, bathe, shower and/or sleep. Never sleep or nap with a little in the same bed, sleeping bag or couch.

Sign

Date

Confidentiality Policy

TO BE READ AND SIGNED BY AGENCY CLIENTS AND VOLUNTEERS

STATEMENT OF CONFIDENTIALITY:

In order for Big Brothers Big Sisters of Central Arkansas to provide a responsible and professional service to clients it is necessary for volunteers, clients and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below share information about clients and volunteers **only** among the agency staff. In order to determine the appropriateness of the match selection, information must be exchanged between the volunteer and the parent by the case manager.

All records are considered the property of the agency and not the agency staff or clients 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 clients or volunteers themselves. Records are not available for review by the clients or volunteers. Clients and volunteers shall be provided, at the time of application, a copy of this statement on confidentiality along with the exceptions that define the limits of confidentiality. Clients 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.

EXCEPTIONS TO CONFIDENTIALITY:

1. Information will be released to other individuals or organizations **only** upon presentation of an authorized "consent to release of information" from appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers maybe used in agency publications or promotional materials. This includes all forms of media for purposes of publicity, recruitment and fundraising.
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 client 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 disciplinary action shall be requested.

Confidentiality Policy Continued...

4. Members of the Board of Directors have access to client 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 shall 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 of 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, (Social Services and/or Prosecuting Attorney). All workers are responsible for staying abreast 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 client or volunteer may be dangerous to himself or 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.
9. Information provided by the client or the volunteer, may be shared with the other party by the case manager when a potential match is considered. The names of the client or the volunteer will not be stated until after the match is agreed upon. Client and volunteer will not discuss this information with any person other than the professional staff of the Big Brother Big Sister agency.

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

Parent / Guardian Signature

Volunteer's Signature

Date

If signed by Parent/Guardian, please list child's name below:

BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS
312 West Pershing
North Little Rock, AR 72114
*Phone: (501)374-6661 *FAX: (501)375-0906

GUIDELINES and SAFETY Issues for Parents/Guardians

1. Your child's Big Brother/Big Sister is NOT a taxi cab service, Santa Claus, or a babysitter. Please do not treat him/her as such.
2. Please do not discuss your child with the Big Brother/Big Sister in the presence of your child. If there is something he/she should know, call him/her when your child is not present.
3. Try to help your child be considerate of the Big Brother/Big Sister. Occasional phone calls expressing gratitude or a thank you not go a long way. Also, remember for this relationship to work, it require your interest, cooperation and concern.
4. If there is something about the relationship that concerns you, contact your case manager immediately.
5. LET THE VOLUNTEER KNOW THAT HIS/HER EFFORTS ARE APPRECIATED!!!!!!
6. Remember, the relationship is between the child and the Big Brother/Big Sister. Don't ask that siblings or you be included on outings.
7. Forgive minor mistakes in judgement. The Big Brother or Big Sister is not a trained professional.... Nor is he/she perfect. You will probably disagree with the volunteer sometimes. If you are concerned call your case manager.
8. The parent should not deprive the child of the regular visit with the Big Brother/Big Sister as a means of discipline.
9. The Big Brother/Big Sister will be telling you when he/she will be returning your child, make a point of being home.
10. Be flexible. Remember the Big Brother/Big Sister has a busy schedule too.
11. Give it time. The relationship needs to develop....at least three months... so do not judge it too quickly.
12. Your child's Big Brother/Big Sister is a person too. Get to know him/her at least to a degree that you feel comfortable with him/her.

(See Back)

GUIDELINES and SAFETY Issues for Parents/Guardians - continued

- 13. The Big Brother/Big Sister assumes no legal responsibility. If a problem arises, the Big Brother/Big Sister will not intercede for the parent.
- 14. The Big Brother/Big Sister has no financial responsibilities toward the child or the family. Expenses incurred during the outings should be shared, depending on the individual financial situations.
- 15. The Big Brother Big Sister does not become involved in discipline of the Little Brother/Little Sister. The volunteer is a friend, not a parent.
- 16. The Big Brother/Big Sister must notify the case manager 24 hours in advance of an overnight visit.
- 17. Try to check in with your case manager about once a month.
- 18. Be sure to make note of the Big Brothers/Big Sisters phone number. You may need to contact him/her about changing plans at times.
- 19. Let the Big Brother/Big Sister know about any types of activities that you would like to avoid.
- 20. If your child has a special event such as a birthday, school play or accomplishment, be sure and let the Big Brother/Big Sister know in advance.

NOTE: Mothers are NOT allowed to date (socialize) with her son's Big Brother. Fathers are NOT allowed to date (socialize) with his daughter's Big Sister.

Parent Signature _____ Date _____

Volunteer Signature _____ Date _____