

School-Base Volunteer Application Instruction Sheet

1. Please ensure all front and back side documents are completed.
2. Faxing application, child abuse and neglect registry, and state police will expedite the volunteer application process. Please fax to 501-375-0906.
3. Please bring all completed paper work to your interview.
4. If you must cancel your interview, please call 501-374-6661.
5. 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 interviewer?

Signature

Date



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

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.

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
Volunteer Ground Rules for Bigs In-School

1. I understand that seeing my Little Brother/Little Sister consistently is one of the most important things I can do as a Mentor; therefore, I will see my Little one hour per week.
2. I understand that all contact with my Little is restricted to school grounds. I also understand that I am not to transport my Little in any manner whatsoever.
3. I understand that the relationship between my Little and me is a one-to-one relationship.
4. I understand that I might be privy to personal information about my Little and family members which I will keep confidential.
5. I will maintain regular contact with the Big Brothers Big Sisters Bigs In-School Staff by responding to calls and letters.
6. If a problem arises in my match relationship, or if my place of employment, residences, or telephone number changes, I will notify the Big Brothers Big Sisters Agency immediately.
7. I understand that I will be asked to participate in a program evaluation.
8. I will adhere to school procedure for match visits, including verifying my Little's attendance on match visit days and contacting the school counsel and/or the Bigs In-School Staff if I am unable to meet with my Little.

Big's Signature: _____

Date: _____

BBBS Staff Signature: _____

Date: _____

Although our focus is on the Little, please, remember that the staff at BBBS is here for you, our volunteers, also. Please, do not hesitate to call us if you have any questions or concerns, no matter how small they may seem to you.

BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS

Bigs-in-School Staff:

Amanda Guerin

Audry Stanisor

(501)374-6661



ARKANSAS STATE POLICE

ASP-122 (Rev. 09/07)

Identification Bureau Individual Record Check Form DO NOT COMPLETE INFORMATION BELOW 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.

Volunteer is not responsible for getting document notarized.

Notary Public

82004 State Record Check

82005 State Record Check