



Nassau County (Westbury Office)
 25 Carle Road
 Westbury, NY 11590
 Phone: 516-731-7880

Suffolk County (Islandia Office)
 145 Sycamore Avenue
 Islandia, NY 11749
 Phone 631-273-1469

VOLUNTEER APPLICATION

1.

First Name	Middle Initial	Last Name	Preferred Name/Pronouns
Cell Phone #	Work Phone #	Home Phone #	Is It okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	City	State	Zip
Preferred Email Address	How (phone, email, text) & when do you prefer to be contacted?		

RACE/ETHNICITY (CHECK ALL THAT APPLY):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other: _____

NATIONALITY (IF APPLICABLE):

Social Security Number	Date of Birth	Gender	Maiden Name (if applicable)
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Marital Status: Single Married Divorced Separated Widowed Other Years Married _____

Spouse's Name: _____

Have you discussed your plans to become a Big Brother/ Big Sister with your family? Yes No

Is he/she/they in accord? Yes No

Emergency Contact: In case of an emergency, who should be notified?

Name	Phone Number	Relation to You
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VOLUNTEER APPLICATION

EMPLOYMENT:

Employer Name	Length of Employment	Current Schedule
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2. EDUCATION:

Highest Level of Education	Educational institution you attended/are attending?
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Are you a student currently?

Yes No

Area of study

BACKGROUND:

Have you ever been arrested? Yes No

For What/Date/City/State

Outcome

Have you ever been convicted of a criminal offense? Yes No

For What/Date/City/State

Outcome

Are there currently any pending arrests or criminal charges against you? Yes No

For What/Date/City/State

Outcome



VOLUNTEER APPLICATION

AUTO INSURANCE FORM/ DRIVER'S LICENSE:

All employees and volunteers must carry auto insurance in the amount required by the State of New York. This is also so we can provide excess auto liability protection while involved in Big Brothers Big Sisters of Long Island.

In addition to completing this form, a copy of your driver's license and insurance **MUST** be placed in your file. Please bring them to your interview so we can make a copy for your file. **ONLY** with these documents will our insurer provide coverage. Each year a new copy must be given to the BBBSLI office for your files to keep information updated.

Name of Applicant: _____

Driver's License #: _____

(will be used to obtain an abstract of your driver history record)

State of Issue: _____ Expiration Date: _____

Insurance Agency: _____

Agent Name & Phone #: _____

Insurance Company & Policy Number: _____

3. MILITARY EXPERIENCE:

Do you have any current or past military experience? Yes No _____

Branch: Air Force Army Coast Guard Marine Corps Navy _____ Dates of Service

Component: Active National Guard Reserve

Are you retired? Yes No Are you separated/discharged (other than retired)? Yes No

If retired, separated or discharged, please check the character of the separation/discharge:

Honorable General (under honorable conditions) Under Other than Honorable Conditions

Bad Conduct Dishonorable

4. PAST EXPERIENCE:

Have you previously applied to be a Big Brother or Big Sister, served as a Big Brother or Big Sister or been involved in any other capacity with another Big Brothers Big Sisters agency? Yes No

If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee from another Big Brothers Big Sisters program or youth-serving organization? Yes No

If yes, when and where?

Are you interested in learning about other ways to contribute to Big Brothers Big Sisters' mission? Yes No

If yes, please check all interests that apply:

- Becoming a member of the advisory board
- Becoming a donor
- Helping recruit volunteers
- Volunteering at agency events for matches, Littles, wait-list children, etc.
- Volunteering at agency fundraising events
- Inviting BBBSLI to speak at a company, church, organization or other group of which I am a member

REFERENCE INFORMATION:

Please list information for at least four (4) references below including:

- Your spouse/partner, significant other or a close family member
- 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 (professor, teacher, counselor, coach); AND
- Three non-family personal references (friend, roommate, neighbor, etc.)

1.	Spouse/Partner/Significant Other/Family Member	Relation to You (see criteria above)
	Day Phone #	Cell Phone #
		Email Address
2.	Employer or Co-worker or School Personnel (see criteria above)	
	Relation to You	Length of Relationship (must be 1+ year)
	Day Phone #	Cell Phone #
		Email Address
3.	Personal Reference (see criteria above)	
	Relation to You	Length of Relationship (must be 2+ years)
	Day Phone #	Cell Phone #
		Email Address
4.	Personal Reference (see criteria above)	
	Relation to You	Length of Relationship (must be 2+ years)
	Day Phone #	Cell Phone #
		Email Address

Please let your references know that BBBSLI staff will be contacting them in the near future.





VOLUNTEER APPLICATION

5. In addition to the references above, BBSLI requires references for all youth-serving organizations which you have worked or volunteered at in the past five (5) years.

Organization Direct Supervisor's Name

Address City State Zip

Day Phone # Cell Phone # Email Address

Dates of Involvement/Employment Reason for Leaving

Organization Direct Supervisor's Name

Address City State Zip

Day Phone # Cell Phone # Email Address

Dates of Involvement/Employment Reason for Leaving





VOLUNTEER APPLICATION

I certify that all statements herein are complete and correct, and agree that (A) Big Brothers Big Sisters of Long Island (BBBSLI) is authorized to furnish information concerning this application and are released from all liability for furnishing such information and (B) that I may be checked through Commercial Investigations, LLC*, the Department of Motor Vehicles, and Criminal and Sexual Offense databases, and (C) any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination.

I hereby by authorize the addressed police departments and court houses to furnish Commercial Investigations, LLC any criminal or traffic information they may have on record or otherwise and do hereby release the addressed institution and all individuals connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Applicant Signature

Date

*Please be advised that Commercial Investigations, LLC is a well-known, web-based security check used by many volunteer-based agencies. It is fully encrypted.

VOLUNTEER ASSESSMENT POLICY & AGREEMENT:

It is the policy of Big Brothers Big Sisters of Long Island, Inc. to accept volunteer applicants who in the professional opinion of the intake staff and Director of Programs will provide a stable, committed, and healthy adult mentoring opportunity for an eligible child who has been accepted into our program to be matched with an adult mentor.

Whereas prospective volunteers may apply who are inappropriate for the specific needs of our program, the professional intake staff and the Director of Programs may decide, based on available assessment materials, to reject a prospective volunteer at any time during the intake process or upon completion of the intake assessment. This is done through a letter to the volunteer. The applicant may request a review with the CEO.

Because the intake process covers an extensive amount of information, and for purposes of confidentiality, the applicant may or may not be told the reason for rejection. A prospective volunteer agrees to accept the professional decision made realizing that this assignment is a specialized one and not suitable for all those who apply.

I understand that:

- 1) If I am accepted as a volunteer, I will follow all BBBSLI ground rules and policies including no overnight visits between Bigs and Littles.
- 2) The references I listed may be contacted by mail, telephone, or email;
- 3) I am in no way obligated to perform any volunteer services and may rescind my application at any time;
- 4) The information I may provide will be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and
- 6) As part of the enrollment process, I will be asked to provide additional personal information prior to acceptance into the program. Information I give BBBSLI or which they may gather, together with their evaluations and observations, is the property of Big Brothers Big Sisters of Long Island. I understand that I am not entitled to see my files nor receive copies of the information in them.
- 7) If I am accepted as a volunteer a summary of information will be shared with the child's parent/guardian which may include the following personal information: age, occupation, interests/hobbies, race, religion, sexual orientation, marital status, smoker status, living situation (including town), and experience with children.

Applicant Signature

Date

VOLUNTEER HOME ENVIRONMENT ASSESSMENT:

6. VOLUNTEER NAME _____ DATE: _____

PROGRAM **COMMUNITY BASED** **SITE BASED**

<u>PET TYPE</u>	<u>HOW MANY</u>	<u>SECURED</u>		<u>COMMENTS</u>
DOGS	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
CATS	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
OTHER	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

Number of people living in the home? _____

Do you have a working smoke detector in your home? Y N

Do you have a working Carbon Monoxide Alarm? Y N

DOES ANYONE IN THE HOME HAVE A HISTORY OF:

<u>CONDITION</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>WHO (LIST MULTIPLE PEOPLE IF INDICATED)</u>	<u>COMMENTS</u>
ORDER OF PROTECTION	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
RESTRAINING ORDER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
VIOLENT/AGGRESSIVE BEHAVIOR	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
CONVICTION OF A CRIME	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
FIRE SETTING BEHAVIOR	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Is there gang involvement in the neighborhood? Y N

Does your home have a swimming pool? Y N

If yes, is it fenced in? Y N

Are there any weapons on the premises for sport or protection? Y N

<u>WEAPON TYPE</u>	<u>WHO</u>	<u>LOCKED</u>		<u>COMMENTS</u>
HANDGUN	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
RIFLE/SHOTGUN	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
KNIFE	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
OTHER (SPECIFY)	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

Are there any pest problems? Y N

BED BUGS ROACHES MICE OTHER: _____

VOLUNTEER PRE-INTERVIEW:

7. 1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
 Yes No (If yes, please describe): _____

2. Do you anticipate any significant life changes over the next year or had any in the past year?
 Yes No (If yes, please describe): _____

3. BBBSLI serves children throughout Nassau and Suffolk county. What distance from your home/work are you comfortable driving in order to pick up your Little?
 5-10 miles 10-15 miles 15-20 miles 20+ miles

4. Are there any personality traits, health factors, or family history events in your Little's life that would make you uncomfortable?
 No family history of abuse family history of addiction family history of incarceration
 youth with developmental delays picking up your Little in an unsafe neighborhood
 other: _____

5. FOR BIG SISTERS ONLY: We tend to have more Big Sisters waiting than Little Sisters, but a large group of Little Brothers are on the wait list. Due to this backlog, we will occasionally ask if a Little Brother is okay being matched with a Big Sister. Would you be okay being matched with a Little Brother if the opportunity arose? Yes No

6. Do you speak any foreign languages? Yes No
If yes, which one(s): _____