



Greetings Potential Big Brother/Big Sister:

Thank you so much for considering volunteering with Big Brothers Big Sisters as a one-to-one mentor for an at-risk child. I understand that there are many steps to the application process and we really do appreciate your patience. All our Bigs share with us how it was certainly worth it.

I would like to help you understand the application process so that we may process your application as expeditiously as possible. Below, I have indicated the four (4) different forms in this application. Please complete all of them and return them to the BBBSLI Program within (3) weeks of date of receipt. On behalf of all the children that are eagerly waiting for your friendship, your guidance and your support, thank you so much.

- Volunteer Application
- Volunteer Background Investigation Consent Form
- Confidentiality Policy Acknowledgment
- Release Form for Photographs and Video

Each of these four (4) forms must be completed with accuracy as much as possible, so as not to delay the process. Your application will be processed once we receive all four documents.

We would appreciate your returning the application and all the required forms within three (3) weeks from the date you receive the package.

Thank you so much,

Fabiola Turner  
Chief Program Officer

Big Brothers Big Sisters of Long Island  
25 Carle Road | Westbury, New York 11590  
(516) 731-7880 | [www.bbbsli.org](http://www.bbbsli.org)

# Quick Facts for Volunteers

## What type of mentoring program is Big Brothers Big Sisters of Long Island (BBBSLI)?

Our community-based program involves matching adult volunteers with Long Island youths between the ages of 7-16.

- Mentors are interviewed and matched based on similar interests of the potential mentee. Once matched, the mentor serves as a positive role model and friend to their mentee.
- Mentors are asked to commit to meeting their mentee a minimum of 4-6 hours per month for at least one year.
- Mentee and mentor work together on the mentee's personal, academic and career exploration goals.

## What is the process to become a mentor?



- Besides completing an application and in-person interview, the potential mentor must also provide three personal references and a valid driver's license with proof of auto insurance.
- During the potential mentor's interview, they are provided with a detailed program orientation.

## How are the children and mentors matched and sustained?

- After reviewing the application and conducting individual interviews (prospective mentee, volunteer and parent/caregiver), BBBSLI matches the youth with the mentor based on their individual profiles, family/cultural backgrounds and/or personal interests and preferences.
- Mentors, mentees and parent/caregivers are provided with continuous support throughout the match. Staff communicates with the child, parent/caregiver and mentor monthly for the first year and quarterly thereafter.
- Once a match is at the point of termination, the program requires a formal

process to end the match in a positive manner.

## What kind of activities does the match participate in?

- Depending on the needs and interests of the child, the match activities range from social/cultural events such as museums, concerts and plays, to academic support such as homework help, school projects and library trips, to physical activities such as playing sports, going to the park and hiking. The program encourages free and inexpensive activities; it is about the quality of the time spent together, not the cost of the activity.
- One of the mentor's primary roles is to expose their mentee to positive, new and safe experiences that he/she would not have been able to participate in otherwise.

### What our current Littles say:

Our impact on education is confirmed by those closest to it: our Littles. In 2009, we commissioned industry leader Civic Enterprises to conduct a nationwide survey of our Bigs and Littles. The results speak volumes about the passion for education held by children enrolled in the Big Brothers Big Sisters programs:

- 97% of Littles said working hard in school is very important.
- 95% of Littles said going to school and getting a good education is very important.
- 94% of Littles said graduating from college is very important.



### What our Alumni Littles say:

Our impact on education felt long after Littles graduate from high school. In 2009, Harris Interactive conducted an online survey of alumni Littles across the nation. Among those former Littles:

- 77% reported doing better in school because of their Big.
- 65% agreed their Big helped them reach a higher level of education than they thought possible.
- 52% agreed their Big kept them from dropping out of high school.

**How does one apply to become part of the program?**  
**For additional information or an application, please contact the following BBBSLI staff:**

	Gabriella Ramirez, Program Supervisor 516.731.7880 ext. 1234; <a href="mailto:gramirez@bbbsli.org">gramirez@bbbsli.org</a>
Crystal Hamilton, Customer Relationship Specialist 631.273.1469 ext. 1221; <a href="mailto:chamilton@bbbsli.org">chamilton@bbbsli.org</a>	Jessica Levonick, Enrollment Specialist 631.273.1469 ext. 1223; <a href="mailto:JLevonick@bbbsli.org">JLevonick@bbbsli.org</a>
Courtney Ruppert, Enrollment Specialist 516.731.7880 ext 1226; <a href="mailto:CRuppert@bbbsli.org">CRuppert@bbbsli.org</a>	Emilia Souza, Enrollment Specialist 631.273.1469 ext. 1228; <a href="mailto:esouza@bbbsli.org">esouza@bbbsli.org</a>





# VOLUNTEER APPLICATION

-----  
**First Name**                      **Middle Initial**                      **Last Name**                      **Preferred Name/Pronouns**

-----  
**Cell Phone #**                      **Work Phone #**                      **Home Phone #**                      **Is It okay to text you?**  
Yes ☐    No ☐

-----  
**Home Address**                      **City**                      **State**                      **Zip**

-----  
**Preferred Email Address**                      **How (phone, email, text, etc.) and when do you prefer to be contacted?**

-----  
**Social Security Number**                      **Date of Birth**                      **Gender**

-----  
**Marital Status**                      **Maiden Name (If applicable)**

## 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):

-----

## EMERGENCY CONTACT:

In case of an emergency, who should be notified?

-----  
**Name**                      **Phone Number**                      **Relation to You**

## EMPLOYMENT:

-----  
**Employer Name**                      **Length of Employment?**                      **Current Schedule**



## EDUCATION:

-----  
Highest Level of Education Completed  
attend/attending?

-----  
What educational institution did/are you

Are you a student at this time?

Yes ☐ No ☐

-----  
Area of Study

## BACKGROUND:

Have you ever been arrested? Yes ☐ No ☐

-----  
For What/Date/City/State

-----  
Outcome

Have you ever been charged with a crime or driving citation? Yes ☐ No ☐

-----  
For What/Date/City/State

-----  
Outcome

Have you ever been convicted of a crime? Yes ☐ No ☐

-----  
For What/Date/City/State

-----  
Outcome

## MILITARY EXPERIENCE:

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

Dates of Service

Branch: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

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



## PAST INVOLVEMENT:

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 director 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 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 five references* below Including:

- Your spouse/partner or 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



## VOLUNTEER APPLICATION

3. \_\_\_\_\_  
Personal Reference (see criteria above)

\_\_\_\_\_  
Relation to You

\_\_\_\_\_  
Length of Relationship (must be 2+ year)

\_\_\_\_\_  
Day Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email Address

4. \_\_\_\_\_  
Personal Reference (see criteria above)

\_\_\_\_\_  
Relation to You

\_\_\_\_\_  
Length of Relationship (must be 2+ year)

\_\_\_\_\_  
Day Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email Address

5. \_\_\_\_\_  
Personal Reference (see criteria above)

\_\_\_\_\_  
Relation to You

\_\_\_\_\_  
Length of Relationship (must be 2+ year)

\_\_\_\_\_  
Day Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email Address

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

**In addition to the references above, BBBSLI 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



# VOLUNTEER APPLICATION

-----		-----	
Organization		Direct Supervisor's Name	
-----		-----	
Address	City	State	Zip
-----		-----	
Day Phone #	Cell Phone #	Email Address	
-----		-----	
Dates of Involvement/Employment		Reason for Leaving	

## I CONSENT TO & UNDERSTAND THAT:

1. As part of the enrollment process, I will be required to provide additional personal information, including completion of an in-person interview.
2. The information I provide may be used to conduct a background check, to include a search of public domain records, driving record check, juvenile and adult criminal history check, military records and other records where required by local, state and federal law for volunteers working with youth.
3. The references and youth-serving organization(s) I listed may be contacted by mail, telephone, email or in person.
4. Other Big Brother Big Sister agencies and youth-serving organizations where I have worked or volunteered at may be contacted as references.
5. The information I provide during the enrollment process will be kept confidential, unless disclosure is required by law and with the exceptions noted below.
6. Incidents of child abuse or neglect, past or present, must be reported to the proper authorities immediately.
7. 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/guardian and child preferences and any information relevant to a child's safety or well-being but will not include any mental health related information Big Brothers Big Sisters receives).
8. It is my responsibility to update the agency if any of the information I provide on this application, during my interview or any other information provided throughout the enrollment process changes (address, phone number, auto insurance, new criminal charges, etc.).
9. I agree on a timely basis to communicate and follow-up with all agency staff.
10. I am in no way obligated to perform any volunteer services.
11. Big Brothers Big Sisters of Long Island is not obligated to match me with a youth and may deny my application or close my match at any time. In order to protect all participants' confidentiality, Big Brothers Big Sisters of Long Island is not required to disclose reasons for doing so.





## PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

**I understand this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters of Long Island. All applications will be given equal consideration regardless of race, age, sex, gender identity or expression, disability, marital status, sexual orientation, religion or national origin.**

**I certify that all of the information I have provided or will provide, 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 information contained on my application will be verified by Big Brothers Big Sisters of Long Island. I understand misrepresentation 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 of Long Island Program I agree to immediately inform my agency contact person of any and all infractions, violations, charges and convictions related to any civil, domestic or criminal occurrences. I understand that staff needs to be fully informed to provide the best guidance or support possible.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

### **SUMMARY OF CONFIDENTIALITY POLICY**

In order to provide a responsible and professional service, 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. We acknowledge the rights of such persons to privacy and respect the confidentiality of client and volunteer records and, other than of the normal uses of such records and the exceptions explained below, permit access to such information only to agency staff in the performance of their duties.

The following is a brief summary of the policy we have adopted with respect to confidentiality. A complete copy of the policy is available for your inspection during our normal business hours. In this summary, the term “you” or “your” refers to the client or volunteer (or his/her parent or guardian); and “we,” “us” or “agency” refers to the Big Brothers Big Sisters of Long Island.

- (1) We will treat as confidential (and safeguard) any material that identifies a client, volunteer, parent or guardian by name or in any other way that makes identification possible. We will only use confidential information as it pertains to our program and will only release it to persons outside this agency if you authorize us to do so or if we are required by contract or law. We may also release information if we believe it is necessary to protect the well-being of any child.
- (2) Information you gave us or which we may gather, together with our evaluations and observations, is the property of Big Brothers Big Sisters of Long Island. You are not entitled to see our files nor to receive copies of the information in them.
- (3) We may use your picture or name only if you give us permission to do so on another form. We ask such permission of all clients and volunteers.
- (4) If we make any major change in our confidentiality policy, we will make you aware of it and may ask you to sign a statement consenting to the change, as it may apply to you, as a condition of continuing in the program.



I have received and read a summary of the confidentiality policy of Big Brothers Big Sisters of Long Island and agree to participation in the program under the conditions set forth in your policy.

\_\_\_\_\_  
Name of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of volunteer’s parent/guardian of, *or* volunteer over 18

### **CONSENT FOR PROMOTIONAL MATERIALS**

I consent to the use of my name (volunteer)/my child's name (parent), image (including photographs, sketches, movie film, video), sound recording, biographical information, quotations and/or writings by Big Brothers Big Sisters of Long Island, Inc. to promote the Agency and its purposes. This shall include all media and in all forms, including but not limited to, publications, any televised photography and recordings, online and Social Media sites.

I grant non-exclusive license to Big Brothers Big Sisters of Long Island, Inc and its affiliates for the foregoing, and I release the Agency, and its Board members, employees, and agents from any obligation or liability otherwise owed to me in connection with such use.

I may terminate this consent by written notice to Big Brothers Big Sisters of Long Island, Inc. I consent, however, to continued use at the discretion of the Agency or its affiliates, of any promotional material in preparation or use at the time of termination.

\_\_\_\_\_  
Name of child or volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian of child or volunteer under 18 **or** volunteer over 18

Clients and volunteers (or their parents/guardians) are asked to permit the Agency to use their names and images for promotional purposes by signing this form. **IT IS NOT A REQUIREMENT FOR ENTRY OR CONTINUATION IN THE PROGRAM. IF YOU OR YOUR CHILD DOES NOT BECOME PART OF BIG BROTHERS BIG SISTERS OF LONG ISLAND'S PROGRAM, THIS CONSENT FOR USE OF PROMOTIONAL MATERIALS WILL BE NULL AND VOID.**

# DIRECTIONS

## **Nassau County (Westbury Office)**

25 Carle Road, Westbury, NY 11590  
Phone: 516-731-7880 Fax 516-731-0486

### **From the East**

Merge onto Northern State Pkwy and take exit 32 for Post Ave toward Old Westbury/Westbury. Turn left onto Post Ave (signs for Westbury). Turn right onto Old Country Road. Turn right onto Carle Road (you will see Burger King and Shiro's Japanese Restaurant and on either corner of Carle Road). Our building is the building just behind Shiro's after you turn onto Carle Road.

**Bus Route:** Take N24 (Jamaica 165<sup>th</sup> Terminal) from Hicksville LIRR to Old Country Road+ Carle Road. You will see Burger King and Shiro's Japanese Restaurant and on either corner of Carle Road). Our building is the building just behind Shiro's after you turn onto Carle Road.

### **From the West**

Merge onto the Northern State Pkwy, use the right lane to take exit 31A for Meadowbrook State Pkwy toward Jones Beach. Continue onto Meadowbrook State Pkwy South. Take exit M1E for Old Country Rd East toward Westbury. Merge onto Old Country Road. Turn left onto Carle Road (you will see Shiro's Japanese Restaurant and Burger King on either corner of Carle Road). Our building is the building just behind Shiro's after you turn onto Carle Road.

**Bus Route:** Take N24 (Hicksville) to Old Country Road + Westbury Place. Carle Road is directly across from the Walmart Shopping Center on Old Country Road (you will see Shiro's Japanese Restaurant and Burger King on either corner of Carle Road). Our building is the building just behind Shiro's after you enter onto Carle Road.

## **Suffolk County (Islandia Office and Donation Center)**

145 Sycamore Avenue, Islandia, NY 11749  
Phone 631-273-1469 Fax 631-273-3498

### **From the East**

Long Island Expressway to Exit 57. Merge onto North Service Road. Make a left at the first light onto rte 454. Make a right at the third light (Sycamore Avenue). Building is the second on the left.

### **From the West**

Long Island Expressway to Exit 57. Merge onto South Service Road. Proceed to the second traffic light and turn right onto rte. 454. Make a right at the second traffic light (Sycamore Avenue). Building is the second on the left.

# VOLUNTEER BACKGROUND INVESTIGATION CONSENT FORM

**DISCLOSURE** In relation to your application for volunteer status, or your current volunteer status, your volunteer organization may obtain a consumer report or an investigative consumer report. Such reports may include information as to your character, general reputation, personal characteristics, and mode of living. Also, subsequent reports may be requested to update, renew or extend your volunteer status. This disclosure is given to you in compliance with the Federal Fair Credit Reporting Act and applicable state law. You have the right to request additional disclosures as to the nature and scope of the investigation from your volunteer organization. Such request must be made in writing.

**The following information is for the sole purpose of undertaking a volunteer background investigation.**

**Current Name**

**Previous Name(s)** – e.g. maiden name (use additional paper if needed)

[illegible][illegible]

**Day Phone**     -     -     **Evening Phone**     -     -

[illegible]

<b>Social Security Number</b>				-				-					<b>Date of Birth*</b>	Month			Day			Year				
-------------------------------	--	--	--	---	--	--	--	---	--	--	--	--	-----------------------	-------	--	--	-----	--	--	------	--	--	--	--

Gender	Female	Male	May we contact your current employer?	Yes	No
--------	--------	------	---------------------------------------	-----	----

Name as appears on Driver's License
-------------------------------------

<b>Driver's License Number</b>												<b>Driver's License State of Issue</b>				
--------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Professional License Type (If applicable.)	Professional License State
--	----------------------------

[illegible]

Professional License Number \_\_\_\_\_ Professional License Expiration Date \_\_\_\_\_

--	--

**For the past ten years, list the county and state of your previous places of residence (use additional paper if needed):**

County (Not Country)	State	From	Month	Year	to Month	Year
----------------------	-------	------	-------	------	----------	------

[illegible]

**Have you ever been convicted of a misdemeanor or felony?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Do you have any pending criminal charges against you at this time?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes to either question, where:** \_\_\_\_\_ **Date of Offense:** \_\_\_\_\_

**Nature of Offense:** \_\_\_\_\_

**Court:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Please explain:** \_\_\_\_\_

**A conviction record will not necessarily be a bar to employment. Factors such as job relatedness, age at the time of the offense, type of offense, and rehabilitation will be taken into account.**

**AUTHORIZATION RELEASE** I certify receipt of this notice and the attached summary of rights and hereby give permission to my volunteer organization and its agents to verify the information submitted by me and to conduct a background investigation on me. I understand this may include social security number verification and address history, criminal history, driving history, a credit report, education history, license/certification verification, past employment information, reference checks and/or any other public records. I authorize the complete release of these records. Such verification shall not constitute a violation of my right to privacy in any manner and I hereby release them from all liability whatsoever for actions related to this information. I understand that the sole purpose of obtaining this information is for volunteer status reasons. I understand that I must provide my date of birth to adequately complete the background investigation, and acknowledge that my date of birth will not affect any decision as to my volunteer status.

**ACKNOWLEDGEMENT** I acknowledge receiving a summary of my rights under the FCRA and a copy of the NY Corrections Law Article 23-A.

**New York Applicants Only** Upon written request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

---

**Print Name of Applicant**

**Signature of Applicant**

Date \_\_\_\_\_

\*This information is for consumer report purposes only. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed



or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357





---

NEW YORK CORRECTION LAW  
ARTICLE 23-A  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good

---

moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



# Big Brothers Big Sisters®

## VOLUNTEER PRE-INTERVIEW

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 with whom their child will be matched. 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 programs.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Which do you enjoy more?

☐ Indoor Activities

☐ Outdoor Activities

☐ Indoor and Outdoor

2. Would you describe yourself as a person who enjoys:

☐ Participating in group sports ☐ Participating in individual sports ☐ Participating in individual and group sports

☐ Watching not participating in sports

3. Do you have any guns or ammunition in your house?

☐ No

☐ Yes (If yes, we will discuss what safety precautions are necessary)

How and where are the guns stored:

---

---

---

4. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home?

This would include television channels and Internet access?

☐ Yes

☐ No (If not, we will have you discuss during the in-person interview)

5. Do you have any pets?

☐ No

☐ Yes (If yes, we will discuss with you what safety precautions are necessary around youth)

6. Are you experiencing any physical or mental health problems?

☐ No

☐ Yes (If yes, we will have you discuss during the in-person interview)

Do you have any health concerns and/or taking any medications? YES NO If yes, explain your health concerns and list all medications

---

---

7. Are you taking any prescription drugs that would affect your ability to drive?

☐ No

☐ Yes

If yes, please explain: \_\_\_\_\_

---

---

---

**8. Have you ever been arrested, charged, or convicted of a crime? As a potential volunteer with children, a background check will list juvenile charges, arrests and dismissed charges. Please include pending charges.**

☐ No

☐ Yes

If yes, please explain and give dates of offenses: \_\_\_\_\_

---

---

---

9. Are you required to volunteer as part of community service? If yes, please explain:

---

---

---

Have you had any driving citations and/or moving violations in the past 5 years?

☐ No

☐ Yes

If yes, please explain: \_\_\_\_\_

---

---

---

10. How long have you lived in the area? \_\_\_\_\_

11. Do you anticipate any significant life changes over the next year or have you had any in the past year?

☐ No

☐ Yes (If yes, we will have you discuss during the in-person interview)

Explain: \_\_\_\_\_

12. Do you speak any foreign languages?    ☐ Yes (Fluent?)\_\_\_\_\_    ☐ No

13. Before we continue with some additional questions about your personal background and life, is there anything else you'd like to tell us about yourself or any questions you may have of me?

14. Do you have a Social Networking Site (Facebook, My Space, ect.)  
☐ No                      ☐ Yes

If yes, please list which sites: \_\_\_\_\_

---

15. Have you been a member of the military (includes National Guard) in the past or present? List the branch and dates of service:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ENVIRONMENTAL SAFETY ASSESSMENT

VOLUNTEER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM: COMMUNITY BASED \_\_\_\_\_ x \_\_\_\_\_ SITE BASED \_\_\_\_\_

<u>PET TYPE</u>	<u>HOW MANY</u>	<u>SECURED</u>		<u>COMMENTS</u>
DOGS	_____	Y	N	_____
CATS	_____	Y	N	_____
OTHER	_____	Y	N	_____

Number of people living in the home? \_\_\_\_\_

Do you have a working smoke detector in your home?

Do you have a working Carbon Monoxide Alarm? Y or N

Does anyone in the home have a history of :

<u>CONDITION</u>	<u>WHO (LIST MULTIPLE PEOPLE IF INDICATED)</u>	<u>COMMENTS</u>
DRUG/ALCOHOL ABUSE	_____	_____
ORDER OF PROTECTION	_____	_____
RESTRAINING ORDER	_____	_____
VIOLENT/AGGRESSIVE BEHAVIOR	_____	_____
CONVICTION OF A CRIME	_____	_____
GANG INVOLVEMENT	_____	_____
FIRE SETTING BEHAVIOR	_____	_____

Is there gang involvement in the neighborhood? Y OR N

Does your home have a swimming pool? Y or N

If yes, is it fenced in?

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

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

Are there any pest problems? Y OR N

BED BUGS ☐ ROACHES ☐ MICE ☐ OTHER: \_\_\_\_\_