



Volunteer Application

Date: _____

Name		Phone #		Date of Birth
Address				
City	State	Zip Code	Email Address	
Employer			Occupation	
Work Phone #		Work Hours From _____ to _____		OK to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source				
Prior BBBS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where & when:		
Prior work or volunteer experience in a youth service organization? If yes, where & when? Please provide telephone number and name of supervisor. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Children of your own? If yes, ages and sex <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do others live in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No		Names & relationship to you		How many 18 & over?
How do the significant people in your life feel about you becoming a Big Brother or Big Sister, i.e., spouse, children, partners, parents, etc. Have you discussed this with them? _____				
Why do you want to become a Big Brother or Big Sister? _____				
Special skills, interests, hobbies				
What age child are you interested in working with? <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 10-12 <input type="checkbox"/> Does not matter				
Big Brothers Big Sisters of Onondaga County follows a non-discrimination policy that prohibits exclusion of potential volunteers, advisory council members, youth or parents/guardians on the basis of race, color, age, religion, national origin, gender, marital status, sexual orientation, veteran status or disability. Our volunteer selection policy is to honor the preference of the parents/guardians who bring their children to us for services. Parent/guardian approves the proposed match.				
Please list references with daytime telephone - one in each of the following categories: 1. spouse/spousal equivalent or family member; 2. work/school supervisor; 3. personal				
Name		Relationship		Daytime phone #
1.				
2.				
3.				
Signature				Date

Please mail or hand deliver original application, Criminal Background Check Form (for anyone 18 or over in your household, including you), and copy of your Driver's License and Insurance ID Card to the address above. The application cannot be processed without these items.