



Lake Area
Big Brothers Big Sisters

VOLUNTEER APPLICATION

First Name:		Middle Name:		Last Name:		Date of Birth:	
Home Address:			City:		County:		State: Zip:
Email:		Home Ph #:		Work Ph #:		FAX:	
Male Female		Social Security #:		Employer:			
Address:			City:			State: Zip:	
Occupation:				Ethnicity:			
Can We Contact You At Work: ____ Yes ____ No		Work Hours:			How Long Employed:		
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.							
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #			Expiration date:		

REFERENCES

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 (or have been) to be a Big Brother or Big Sister? Yes No					Where and When:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no ways obligated 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, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and,
- 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