**BECOMING A BIG: FREQUENTLY ASKED QUESTIONS**

**Just the Facts**

The best way to change the world is one life at a time. Becoming a Big Brother, Big Sister or Big Couple gives you the opportunity to make the world a better place by offering a child the life-changing asset of a mentor. Volunteer mentors help guide a child down the right path – sharing, caring and just being there to help their Little reach his or her highest potential.

**What children are referred to Big Brothers Big Sisters?**

Children in the program come from every community in Richland County. Currently active children are between the ages of 6 and 18, and we begin matching children between the ages of 6 and 12.

**What is a Big Brother or Big Sister?**

The role of a Big Brother or Big Sister is to be a special friend and to provide caring, role modeling, and mentoring to one boy or girl in our program.

**What is the time commitment?**

Our Big Brothers, Big Sisters and Big Couples see their Little Brothers and Little Sisters 2-4 times a month for two to four hours per outing in our community-based program (8 hours per month), with a commitment of at least one year. Our school-based Bigs get together with their Littles each week of the school year for one hour and we ask that the school- based mentors commit to the entire school year. And of course, we encourage our mentors to continue with their matches beyond the required commitment. And they often do, since these relationships can become life-long. As an agency, we support the match until the child graduates from high school or turns 18.

**Who can become a Big Brother or Big Sister?**

To become a Big Brother or Big Sister with our agency, an individual must pass a multi-layer criminal background check, provide three references and be stable and dependable. Mentors in our school-based program must be at least 18 years of age. Mentors in our Community-based program must be at least 21 years of age, possess a valid driver’s license and have an insured vehicle. We also match Big Couples with Little Brothers in our program.

**Who pays for this service?**

There is no charge to the children or families who receive services from our agency. In order to recruit, screen, train, match and support mentors and children in our programs, Big Brothers Big Sisters fundraises through special events like our Bowl for Kids’ Sake event, Cocktails & Canvas Fundraiser, and Annual Campaign. Funding is also received through private and public grants from foundations, businesses and individuals.

**How many kids do you serve?**

Big Brothers Big Sisters of Richland County provides services to approximately 75 children annually through our community-based and school-based mentoring programs. Our school-based matches get together at the school site during the school year, while our community-based matches enjoy activities year round in the community. We provide several enriching activities for the matches, including our Summer Picnic, Pool Party, Holiday Party, Youth Finance Workshop, and more.

**The best time is now.**

We currently have a list of terrific kids waiting for their Big Brother or Sister. If you’ve ever considered becoming a Big Brother or Sister, the best time is now. The need is great, and so are the rewards. Call (618) 392-3863 or email our director, Dana Baker, for at dbaker@bbbsrichlandil.org and find out how you can take the next step.

|  |
| --- |
| enrollment process |

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit this completed application via email to either our **School-Based Program coordinator (Dana Baker,** [**dbaker@BBBSrichlandil.org**](mailto:dbaker@BBBSrichlandil.org)**)** or our **Community-Based Program coordinator (Abigail Caress,** [**abbiecaressBBBS@gmail.com**](mailto:abbiecaressBBBS@gmail.com)**)** or drop off in-person or by postal service to 801 S. West St, Suite 117, Olney, IL 62450.

All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion, national origin, and gender identity/expression.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| VOLUNTEER Application | | | | | | | |
| Applicant Information | | | | | | | |
| Full Legal Name: | | | | | | | |
| Preferred Name: | | | | Previous/Maiden Name(s): | | | |
| Home address: | | | | | | | |
| City: | | | State: | | | | Zip Code: |
| Cell Phone:  Is it okay to text you? Yes No | | | Home phone: | | | | Work Phone: |
| Primary email address: | | | | | Secondary email address: | | |
| Date of Birth (MM/DD/YYYY): | | GENDER  Male  Female  Trans.: | | | | Preferred Name/Nickname: | |
| SSN: | |
| RELATIONSHIP STATUS  Single  Married  Separated  Divorced  Widowed  Living with Significant Other  Domestic Partner | | | | | ORIENTATION  Heterosexual  Homosexual  Bisexual | | |
| ETHNICITY/NATIONALITY  American Indian/Alaska Native:  Asian:  African/African American:  Hispanic:  Native Hawaiian/Pacific Islander:  White  Multi-Racial: Black & Asian  Multi-Racial: Black & Hispanic  Multi-Racial: Black & White  Multi-Racial: Hispanic & Asian  Multi-Racial: Hispanic & White  Multi-Racial:  Other:  *VOLUNTEER APPLICATION CONTINUES NEXT PAGE* | | | | | FAITH AFFILIATION  Christian:  Agnostic  Amish  Atheist  Buddhist  Hindu  Islamic  Jehovah’s Witness  Jewish  Mormon/LDS  Quaker/Mennonite  Salvation Army  Scientology  Seventh Day Adventist  Traditional Native American  Wiccan/pagan  Non-Denominational  Other: | | |
| Do you have a driver’s license?  Yes No  Driver’s license number: | | | State of issue: | | | | Expiration Date: |
| **Emergency Contact** | | | | | | | |
| Name: | | | | | | | |
| Phone: | | | | Relationship: | | | |
| **Employment & EDUCATION** | | | | | | | |
| Current employer: | | | | | | | |
| Job Title: | | | | | | | |
| Employer address: | | | | | | | |
| City: | | | State: | | | | ZIP Code: |
| May we contact you at work?  Yes  No | | | Length of employment? | | | | Work Hours: |
| HIGHEST LEVEL OF EDUCATION  No high school  Some high school  High school diploma  Some college  Associates degree  Bachelors degree  Masters degree  Doctoral degree (PhD)  Juris Doctorate (JD)  Doctor of Medicine (MD) | | | | Years completed: | | | |
| Year graduated: | | | |
| **Residency** | | | | | | | |
| Have you lived in Illinois for the last 5 years?  Yes  No --- If no, please provide your previous address(ses): | | | | | | | |
| Dates: | Address: | | | | | | |
| Dates: | Address: | | | | | | |
| Dates: | Address: | | | | | | |
| **MILITARY SERVICE** | | | | | | | |
| Do you have current or past military experience?  Yes  No | | | | Dates of service: | | | |
| BRANCH  Air Force  Army  Marine Corps  Navy  Coast Guard  ROTC | | STATUS  Active  National Guard  Reserve  Retired  Separated/Discharged | | | | CHARACTER OF SEPARATION/DISCHARGE  Honorable  General (under honorable conditions)  Other than honorable conditions  Bad Conduct  Dishonorable | |

|  |  |
| --- | --- |
| REFERENCES | |
| Please list information for at least three references below including:   1. Your spouse or significant other (i.e. live-in partner, girlfriend, boyfriend). If you do not have a spouse or significant other, please list a parent, sibling, or other relative. 2. Professional reference: a current (or former) manager or supervisor for at least 1 year. If you are a student, please provide a professor, advisor, or faculty member who has known you for at least 1 year. If you are self-employed, provide a client or partner you have worked with and known for at least 1 year. 3. Personal reference: A friend, roommate, neighbor, or co-worker that you have known for at least 1 year. | |
| *Spouse or Significant Other* | |
| Name: | |
| Phone number: | Email address: |
| Relationship: | Years known: |
| *Professional Reference* | |
| Name: | |
| Phone number: | Email address: |
| Relationship: | Years known: |
| *Personal Reference* | |
| Name: | |
| Phone number: | Email address: |
| Relationship: | Years known: |
| *Youth Serving Organization* | |
| Have you worked for or volunteered with an organization where you worked directly with youth or young children within the past 5 years?  Yes  No  If you answered yes, please complete the section below. Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered directly with youth within the past 5 years. Please list additional references on separate page if needed. | |
| Organization: | |
| Direct Manager/Supervisor: | |
| Phone Number: | Email Address: |
| Dates of involvement/employment: | |
| Reason for leaving: | |
| Organization: | |
| Direct Manager/Supervisor: | |
| Phone Number: | Email Address: |
| Dates of involvement/employment: | |
| Reason for leaving: | |
| Organization: | |
| Direct Manager/Supervisor: | |
| Phone Number: | Email Address: |
| Dates of involvement/employment: | |
| Reason for leaving: | |
|  | |
| *THANK YOU! Please proceed to the next section to review our policies.* | |

|  |
| --- |
| VOLUNTEER AGREEMENT |
| Please read and initial each section |

**Mission**: I agree to cooperate in the fulfillment of the mission of Big Brothers Big Sisters: to provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.

**Initial:**

**Certification**: I certify that the information contained in this application form is true, correct and complete to the best of my knowledge. I authorize Big Brothers Big Sisters of Richland County to utilize mail, email, or telephone to make inquiries regarding my education, work experience, references and a criminal background check, to include a search of public domain records, driving records check, adult criminal history check (see attached authorization), child abuse/neglect records check, military records, and other records where required by local, state, or federal law for volunteers working with youth. I release all parties and persons associated with any such inquiries from liability in connection with information they give.

**Initial:**

**Volunteer Terms**: I agree to abide by the rules and regulations of the Big Brothers Big Sisters of Richland County (BBBS) and understand that my services are donated to BBBS without contemplation of compensation. BBBS does not provide insurance or related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, liability, or other coverage.

**Initial:**

**Media Consent**: I give permission for Big Brothers Big Sisters of Richland County to use, without limitation or obligation, my image and voice, including photos and video, for publicity purposes to promote the BBBS program. The images/voices may be used in various promotional materials (such as our website and recruitment materials), news media publicity, Facebook, or radio. I agree that there will be no compensation whatsoever for this participation or for the use of resulting materials by BBBS. Big Brothers Big Sisters of Richland County unconditionally releases me from all liabilities or claims that may result from the existence and use of any such materials.

**Initial:**

**Medical Treatment**: I give permission for BBBS staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment if I am injured or ill at any BBBS event. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.

**Initial:**

**Release of Liability/Participation**: I am an adult age 18 or older and wish to participate in BBBS of Richland County activities. In addition, if applicable, I give permission for my dependents to participate in BBBS activities. I understand that accidents can sometimes happen. Therefore, in exchange for the BBBS allowing me, and if applicable, my spouse and my dependents to participate in BBBS activities, I understand and expressly acknowledge that I release BBBS, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in BBBS activities whether on or off the BBBS’ premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the BBBS, its employees, boards, members, volunteers or guests.

**Initial:**

**Limits of Confidentiality**: The undersigned acknowledges and agrees that any normal limits on confidentiality do not apply in the case of negligence, instances of physical or sexual abuse, or if applicant is deemed to be a danger to himself/herself/or others, and that such information as the agency may have in these matters can be used in civil or criminal proceedings. I am in no way obligated to perform any volunteer services. As part of our enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview; I understand that the information I provide in the enrollment process will be kept confidential unless disclosure is required by law and with exceptions noted below.

* I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
* I understand that 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/child preferences, and any information relevant to a child's safety or well-being);
* For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as BBBS of America may have access to records.

**Initial:**

**Program Acceptance**: I understand that BBBS is not obligated to match me with a youth in the program and that it may be for any number of reasons that it is not considered a good fit. I understand that BBBS is not obligated to give reasons for non-acceptance. Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references; as part of the enrollment processes. It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (i.e. address, phone number, auto insurance, new criminal charges, etc.). I agree to timely communication and follow-up with all agency staff. At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges, and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

**Initial:**

**Volunteer Confidentiality Agreement:** As a volunteer with Big Brothers Big Sisters of Richland County, I understand that I may become aware of certain confidential information which includes, but is not limited to:

* All medical and personal information concerning Littles and their families
* Information regarding the provision of services

1) It is expected that I will keep such information in the strictest confidence.   
2) I understand that this confidentiality agreement will be kept on record at Big Brothers Big Sisters of Richland County.   
3) I understand that written authorization shall be obtained only by a staff member from the Little's Parent/Guardian before any information can be disclosed to another individual, organization or program.   
4) I understand that any information that is shared will be done so only with the permission of the Little's Parent/Guardian and only when appropriate to serving the best interest of the Little.

**Initial:**

**X**

Signature of volunteer (for electronic signature, please add email address) Date

|  |  |  |  |
| --- | --- | --- | --- |
| pre-interview questions | | | |
| The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. *Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview*.  Name:                                Date: | | | |
| Programs | | | |
| We have several specialized programs, please indicate your preference. Please note that your preference can be changed and will be further discussed as the enrollment process continues. You can select more than one program. | | | |
| Community Based Mentor program (21+)  This is our signature program, where Bigs and Littles meeting the community 2-4 times each month to participate in social activities, such as going to a movie, going to a sporting event, or simply hanging out. The important part of their activity is the one-to-one time and the consistency of the relationship. | | School Based Mentor program (18+)  This looks much like our Community based program, but instead of meeting in the community, our Bigs and Littles meet for one hour each week at the Little’s school. They work on homework, play games, or venture outside together. | |
| General | | | |
| 1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?   Yes  No - If yes, please describe: | | | |
| 1. Do you anticipate any significant life changes over the next year or had any in the past year?   Yes  No - If yes, please describe: | | | |
| 1. Why do you want to become a volunteer with Big Brothers Big Sisters? | | | |
| 1. What interests you about working with children? | | | |
| 1. BBBS of Richland County serves children throughout the entire 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 | | | |
| 1. Are there any days and/or times that generally are available for you to come in to interview with us when we find a Little who might make a good match for you? | | | |
| 1. 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  physical/mental health diagnosis  physically aggressive youth  youth with developmental delays  picking up your Little in an unsafe neighborhood  other: | | | |
| 1. FOR BIG SISTERS ONLY: We tend to have more Big Sisters waiting than Little Sisters but a large group of Little Brothers on the wait list. Due to this backlog, we occasionally will 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 | | | |
| 1. Do you have any guns, ammunition, or other weapons in your home?  Yes  No | | | |
| 1. Do you speak any foreign languages?  Yes  No – If yes, which one(s): | | | |
| 1. Are there any pets or animals that reside in your home or on your property?  Yes  No – If yes, please provide details: | | | |
| 1. Are there any people besides yourself living in your household?  Yes  No – If yes, please provide details below: | | | |
| Name: | Age: | | Relationship: |
| Name: | Age: | | Relationship: |
| Name: | Age: | | Relationship: |
| Name: | Age: | | Relationship: |
| Name: | Age: | | Relationship: |
| 1. Is there anything else you’d like to tell us about yourself or any questions that you have? | | | |
| Criminal | | | |
| 1. According to BBBS policy, felony convictions within the past 7 years disqualify volunteers from participating in our program. Felony convictions at any time are subject to review and may disqualify you from participating in our program. Have you ever been convicted of a criminal offense (other than an expunged juvenile offense)?  Yes  No.   If yes, please provide details: | | | |
| 1. Have you had any driving citations and/or moving violations in the past 5 years?  Yes  No   If yes, please describe: | | | |
| 1. Have you had any convictions that BBBS may consider to be in reasonable conflict with the related duties of this volunteer job, including any pending criminal charges?  Yes  No   If yes, please describe in full: | | | |
| 1. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?  Yes  No   If yes, please describe in full, including the dismissal of charges: | | | |
| Health | | | |
| 1. Are you experiencing any physical injuries, conditions, or health issues that may limit your interactions with your Little?   Yes  No  If yes, please provide details: | | | |
| 1. Have you seen a mental health professional within the past 5 years?  Yes  No   If yes, may we contact them? Please provide the information below, if yes. | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | | Zip Code: |
| Phone number: | Fax number: | | Email address: |
| 1. Do you have a history of drug or alcohol abuse?  Yes  No   If yes, have you been sober for a minimum of 2 years?  Yes  No  Do you smoke cigarettes, cigars, or vapor?  Yes  No | | | |
| 1. Have you used any illegal drugs within the past 2 years?  Yes  No   BBBS is a drug-free organization. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| interests | | | |
| Please check any areas of interest and activities that you would enjoy.  Name:                                Date: | | | |
| Sports | | **STEM**  **(science, technology, engineering, & mathematics)** | Arts & Crafts |
| Baseball  Softball  Soccer  Basketball  Football  Gymnastics  Racquetball  Bowling  Skating  Weight Lifting  Skateboarding  Other:  Other: | Jogging/Track  Swimming  Tennis  Volleyball  Golf  Cheerleading  Wrestling  Paintball  Bicycling  Auto Racing  Ice Skating  Other:  Other: | Auto Mechanics  Motorcycles  Woodworking  Model cars  Model boats  Model airplaces  Electronics  Space  Coding  Robots  Architecture  Lego/Building blocks  Sudoku  Crime Scene Investigation  Weather  Medicine/Health  Video games  Other:             Other: | Drawing  Painting  Sewing  Cooking  Baking  Ceramics  Photography  Band  Singing  Acting  Dancing  Live Theatre  Anime  DIY  Other:             Other:  Other: |
| Outdoor Life | | **Games** | Miscellaneous |
| Animals  Star gazing  Gardening  Snow boarding  Skiing  Water skiing  Boating/Canoeing  Swimming  Fishing  Hiking  Camping  Hunting  Horseback riding  Going to the park  Other:  Other:  Other: | | Card games  Playing video games  Checkers  Chess  Dominoes  Board Games  Dungeons and Dragons  LARP  Magic the Gathering  Puzzles  Charades  Treasure Hunts  Obstacle Course  Foosball  Table Tennis  Other:  Other:  Other: | Shopping  Movies  Talking  Restaurants  Museums  Garage Sales  Antiques  Reading: non-fiction  Reading: fiction  Reading: comic books  Reading: newspapers  Reading: Magazines  Other:  Other:  Other: |
| 1. Which do you enjoy more?  Watching activities  Doing activities  Both | | | |
| 1. Which do you enjoy more?  Being outdoors  Being indoors  Both | | | |
| 1. Do you feel that you would be successful with a talkative or quiet Little? | | | |
| 1. Are there any other interests or preferences that you would like us to consider? | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| authorization for exchange of confidential information | | | | |
| patient/volunteer Information | | | | |
| Name: | | | | |
| Home address: | | | | |
| City: | | State: | | Zip Code: |
| Date of Birth: | | Cell phone: | | Home Phone: |
| medical provider | | | | |
| Medical Facility: | | | | |
| Provider Name: | | | | |
| Address: | | | | |
| City: | State: | | Zip Code: | |
| Phone: | Fax: | | Email: | |
| volunteer organization | | | | |
| Organization: Big Brothers Big Sisters of Richland County | | | | |
| Address: 801 S. West St, Ste. 117 | | | | |
| City: Olney | | State: IL | | Zip Code: 62450 |
| Phone: 618-392-3863 | | Contact: Dana Baker | | Email: dbaker@bbbsrichlandil.org |
| FOR THE PURPOSE OF:  School  Work  Volunteer program  Other: | INFORMATION TO BE DISCLOSED (check all that apply):  History and physical  Discharge and summary  Behavioral health treatment records  Lab reports  Physical health treatment records  Medication records  Information on HIV or communicable disease treatment  Drug and/or alcohol abuse  Other (specify): | | | |
| I authorize the release of my information to and from Big Brothers Big Sisters of Richland County and the above named medical facility/provider during the intake and match relationship process for the purpose of assessing eligibility for the Big Brothers Big Sisters of Richland County program and to facilitate matching and supporting my relationship with an appropriate “Little”. This authorization shall become effective as of the date below and shall remain in effect for the duration of the Big Brothers Big Sisters of Richland County intake process and match relationship. This authorization will cease when I am no longer a waiting or active participant in the BBBS program. This form will automatically transform with me in the event of change of medical facility/provider. | | | | |
| Printed name: | | | | |
| Signature: | | | | |
| Date: | | | | |

**Authorization for Release of Information**

I hereby request and authorize the RICHLAND COUNTY SHERIFF’S DEPARTMENT to furnish *Big Brothers Big Sisters of Richland County* with a check criminal records check. I understand that this information will be used to evaluate my eligibility to volunteer as a Big Brother/Big Sister with the above named agency.

## Full name:\_\_\_      \_\_\_\_\_\_\_ \_\_\_\_     \_\_\_ \_\_\_     \_\_\_

(Last) (First) (Middle)

Any other name used: \_\_\_     \_\_\_\_

Street Address: \_\_\_     \_\_\_\_ \_\_\_\_\_\_\_     \_\_\_\_\_ \_\_\_     \_\_ \_\_     \_\_\_\_

(Address) (City) (State) (Zip)

Gender: \_     \_\_\_\_ Race: \_\_\_\_     \_\_\_ Birth Date: \_     \_\_\_\_SS#\_\_\_     \_\_\_\_\_\_\_\_\_

Driver’s License Number:       \_\_\_\_\_ State of Issue:       Expiration Date:

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(to be added in-person)