



Big Brothers Big Sisters
of Central Arizona

VOLUNTEER APPLICATION

Main office:

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Payson Office:

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www.bbbsaz.org

PLEASE PRINT

First Name:		Middle Name:		Last Name:		Date of Birth:	
Home Address:				City:		State:	Zip:
Social Security #:		Marital Status:		Personal Email:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Answer	
Preferred Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Additional Phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Employer Name:		Occupation/Title:	
Employer Address:				City:		State:	Zip:
Can We Contact You At Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:		Work Email:			
Do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what language(s)?					
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native: Tribal Affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race: <input type="checkbox"/> Asian/White <input type="checkbox"/> Asian/Hispanic <input type="checkbox"/> Asian/Black <input type="checkbox"/> Black/White <input type="checkbox"/> Black/Hispanic <input type="checkbox"/> Hispanic/White <input type="checkbox"/> Other							
How did you hear about BBBS?							
Have you ever applied before to be a Big Brother or Big Sister here or anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When and Where:							
Have you ever been employed or volunteered for another youth organization including a Big Brother Big Sister agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a contact name, number & approximate dates of employment/service.							
Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?							
Which of our programs are you most interested in: <input type="checkbox"/> Community-Based Match <input type="checkbox"/> Site-Based Match: Name of School/Site _____							
What type of match are you interested in: <input type="checkbox"/> One to One <input type="checkbox"/> Couple <input type="checkbox"/> Family							

If applicable, please provide us with the name of your Spouse/Partner/Significant Other. A BBBS staff will call this person for a phone reference. Two or more additional references are required. You will receive instructions for those at a later time.

	Name/Relationship	Contact Information	Years Known
Spouse/Partner/ Significant Other		Phone: Email:	
Reference – Friend or Co-worker		Phone: Email	
Reference – Friend or Co-worker		Phone: Email	

VOLUNTEER AGREEMENT

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email.
- 2) This application in no way obligates me to perform any volunteer service.
- 3) I authorize criminal background checks to be conducted throughout my tenure with BBBS. I understand that any information received pursuant to such background checks may result in me not being accepted into the program or closure of my match.
- 4) The criminal background check fee is non-refundable.
- 5) If I am charged with a criminal offense or my driver’s license is suspended or revoked during the time that I am affiliated with BBBS, I understand that the failure to disclose such information may result in the closure of my match.
- 6) If I receive a DUI/DWI after being matched, the parent/guardian will be notified and I will be closed from the program.
- 7) I am responsible to notify BBBS of any changes in my auto insurance coverage.
- 8) All records and information gathered are the property of BBBS.
- 9) BBBS is not obligated to match me with a youth. As part of the enrollment process, I will provide any additional personal information that may be necessary so that BBBS can recommend me for assignment.
- 10) BBBS has the right to discontinue the application process at any time and can close my match to a Little Brother or Little Sister at agency discretion.
- 11) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references.
- 12) BBBS will share any and all relevant information about me to the Parent/Guardian of a Little Brother or Little Sister I have been matched with, both at the outset of the match and throughout the duration of the match.
- 13) BBBS uses photos of volunteers/children in a variety of activities for recruiting and promotional purposes. I am willing to support BBBS’s efforts. BBBS has my permission to use my name and photo to promote the Agency’s program.

I hereby authorize BBBS to conduct whatever investigation it deems necessary to determine whether I will be safe and effective volunteer. I do herein affirm that the foregoing answers and statements are, to the best of my knowledge, true, correct, and complete. I also affirm that should any of the forgoing information change in the future, I will timely notify BBBS.

_____ **Print Name**

_____ **Date**

_____ **Signature**

BBBSAZ maintains a policy of non-discrimination with regards to race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status or disability. BBBSAZ will comply with all federal, state and local anti-discrimination laws