



BIG BROTHERS BIG SISTERS

of Jackson and Perry Counties

604 E. College, Carbondale, IL 62901-3399 618-457-6703, x228 FAX 549-3734

VOLUNTEER PRE-ENROLLMENT

First Name:	Middle Name:	Last Name:	Date of Birth:		
Home Address:		City:	County:	State:	Zip:
Email:	Home Ph #:	Work Ph #:	FAX:		
Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security #:	Employer:			
Address:		City:	State:	Zip:	
Occupation:		Ethnicity:			
Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #		Expiration date:		

I understand that Big Brothers Big Sisters of Jackson & Perry counties does not discriminate against persons based on race, religion, creed, ethnicity, sexual orientation, physical/mental illness or any disability/handicap.

All volunteer applicants undergo a thorough screening process to determine if appropriate for the current needs of our program. Applicants will be notified of acceptance or rejection into the program; we will not disclose the nature of any rejections into our program. Acceptance of all volunteers is conditional upon the positive outcome of the Child Abuse and Neglect Tracking System (CANTS) check and the criminal background check including but not limited to fingerprinting.

In exchange for SIRSS considering me for participation in the Big Brothers Big Sisters Program, I hereby release and hold harmless SIRSS, its directors and employees, the Big Brothers Big Sisters of Jackson and Perry Counties Program, its Advisory Board members and employees and any agency or person contacted by them to investigate my background.

Applicant Signature

Date



A Youth Services Program of Southern Illinois Regional Social Services Inc

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

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 #:	E-mail:		
3. Spouse/Domestic Partner/Friend:				
Address:		City:	State:	Zip:
Day Phone #:	Fax #:	E-mail:		
Have you ever applied before (or have been) to be a Big Brother or Big Sister? <input type="checkbox"/> Yes <input type="checkbox"/> 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 e-mail;
- 2) I am in no way 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 making any recommendations for assignment.
- 6) References will become a part of your personnel file.
- 7) I agree to waive my right of access to these references. This serves the purpose of ensuring confidentiality of the responses received from the above individuals you have listed as a reference.

Signature

Date

