



# Volunteer Enrollment Form High School Bigs

## Volunteer Information

Program Preference: <input type="checkbox"/> Site Based <input type="checkbox"/> Sports Buddies		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Name:		Date of Birth:	Age:
Home Address:			Apt/Unit:
City:	State:	Zip Code:	
Cell Phone:		Home Phone:	
Email:			
Ethnicity (check one) : <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Other: _____			
Grade:	School:	Dismissal Time:	Student ID#:
Have you ever applied to be a Big Brother / Big Sister before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, where? _____			
Driver's License/State ID <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, License/ID Number _____			
Expire Date _____    License/ID State _____			
How did you hear about Big Brothers Big Sisters? _____			

## Parent/Guardian Information

Mother's/Guardian Name:	Cell Phone:
Father's/Guardian Name:	Cell Phone:

## Emergency Contact (other than parent)

Name:	Relationship to volunteer:
Home Phone:	Cell Phone:

## References (MUST include 2)

PARENT	TEACHER, COACH, OR ADULT <u>NOT</u> RELATED TO YOU
Name:	Name:
Phone:	Phone:
Email:	Email:

## Additional Volunteer Information

Please mark boxes indicating any of the following:

Asthma     Diabetes     Seizures     Other  \_\_\_\_\_

Allergies     List allergies: (ex. Peanuts, bees) \_\_\_\_\_

List any emergency medications you take: (ex. EpiPen, Inhaler) \_\_\_\_\_



## Volunteer Participation Consent Form

1. I understand in order for **Big Brothers Big Sisters (BBBS) of the Big Bend** to provide a responsible and professional service to children, it is necessary for volunteers, children and parents/guardians to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of the child and volunteer records shares information about the child and volunteers only among the agency's professional staff. The right to confidentiality applies not only to written records, but also to videos, films, pictures, or the use of the child or volunteer's name in agency publication.
2. I understand that at any point in the enrollment process, if deemed relative, I may be asked to complete a *Consent to Release Medical Information* form as part of the eligibility determination.
3. I give permission for **BBBS Big Bend** staff to talk with me about child personal safety.
4. I understand that all workers/volunteers with the **BBBS Big Bend** are mandated reporters. State law mandates that suspected child abuse or neglect be reported to the appropriate authorities, Department of Children and Families.
5. Not all child or volunteer applicants are accepted into the program. I understand that if I am not accepted into the program, **BBBS Big Bend** does not have to provide me an explanation.
6. I understand that if I am accepted into the program, at least a six or nine month commitment is required, depending upon the program I have selected. If I do not uphold this commitment without a valid reason, I understand that I may not eligible to receive credit for service hours already completed.
7. I understand that all information I disclose to **BBBS Big Bend**, whether disclosed in my Volunteer Enrollment form, questionnaires, and interviews or otherwise, and whether in writing or oral, may be disclosed to the parent or guardian of a prospective Little Brother/Little Sister and I hereby consent to such disclosure.
8. I authorize **BBBS Big Bend** to obtain medical and/or surgical treatment in case of illness, accident, or any medical situation that may arise by a licensed medical doctor. I further state that I will not hold **BBBS Big Bend** liable in case of illness, accident or emergency situation.
9. I have access to reliable transportation to be able to make the mentoring sessions should I be matched.
10. I attest that the information provided on this enrollment form is to be to the best of my knowledge true and accurate and that I fully understand all the questions and statements herein.

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Volunteer's Signature

Date



**Big Brothers  
Big Sisters.**  
OF THE BIG BEND

## Parental Consent for Participation Form

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*Please initial one of the two boxes below and sign the bottom of the form*

**Yes**

\_\_\_\_\_ (init.) I have read the Volunteer Participation and Consent form and **DO** give my permission for my child, \_\_\_\_\_, to participate in the BBBS High School Bigs Program. I have read and agree to the above consent/releases.

**No**

\_\_\_\_\_ (init.) I have read the Volunteer Participation and Consent form and do **NOT** give my permission for my child, \_\_\_\_\_, to participate in the BBBS High School Bigs Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian



## Photo Consent for Promotional Use

*Please read and initial one of the two boxes below and sign the bottom of the form*

This is a request for permission for Big Brothers Big Sisters of the Big Bend, Inc. to use my child's name, and/or picture, and/or stories which describe my child in a positive way for the purposes of publicity and promoting the Big Brothers Big Sisters of the Big Bend, Inc. programs. That information shall be used by the organization identified above solely for the use of promotions. I understand that no personal history information regarding or identifying me, except as consented to herein, will be used by the agency indicated above. The permission granted by this consent form applies solely to identifying information herein described and may not be used for any other purposes not provided for herein. In giving this consent, I release to Big Brothers Big Sisters of the Big Bend, Inc., their nominees and designees from any obligation or liability otherwise owed to me in connection with any personal or property right I may have as a result of the sale, reproduction or use of the above referenced identifying information. This consent may be terminated at any time by me, but in the event that I do not exercise my right to terminate this consent, it shall automatically expire upon my child's completion of the program. Big Brothers Big Sisters of the Big Bend, Inc. is not liable for any sale, reproduction, or use of such identifying information made by Big Brothers Big sisters of the Big Bend, Inc. prior to such termination of consent.

Yes

\_\_\_\_\_ (init.) I have read the Photo Consent for Promotional Use and **DO** give my permission for my child, \_\_\_\_\_, to appear and be identified in print in any **BBBS** publication or production or grant the right to use the image of my minor child.

No

\_\_\_\_\_ (init.) I have read the Photo Consent for Promotion Use and do **NOT** give my permission for **BBBS** the right to use the image of my minor child, \_\_\_\_\_, in print or in any publication or production.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

*Please submit completed application via email to:*

[becomeabig@bbbsbigbend.org](mailto:becomeabig@bbbsbigbend.org)