



Dear Potential High School Volunteer:

Thank you for your interest in becoming a Big Brother or Big Sister!

Studies have shown that children paired with a mentor do better in school, feel better about themselves, and have improved relationships with their peers and parents. We are excited that you have a desire to help a child in these areas, especially while you are in high school. You will be a role model to an elementary school student, as well as to your peers. By developing a commitment and responsibility to someone younger than yourself, you will encourage them to be a young leader for their own generation.

The program requirements are easy: you will spend one hour a week with a child at an elementary school during the school day or in the after school program **OR** one Saturday a month for up to 4 hours for the Sports Buddies Program (available in the Springtime only).

Typical activities include but are not limited to homework help, playing board or video games, playing basketball or other sports, or simply talking and spending time with the younger student. All student mentors are screened prior to acceptance in the program.

The requirements to volunteer are:

- **You are a current or rising Junior or Senior and are 16 or 17 years old**
- **You are able to commit to mentoring for one hour a week for the full school year or one Saturday a month for six months for Sports Buddies**
- **Have reliable, consistent transportation to and from the elementary school each week after school or to the site determined for that month's Sports Buddies activity**
- **Have verbal and written permission from parent/guardian to participate**
- **Successfully complete a volunteer interview and volunteer training session**
- **Commit to having contact with your BBBS Match Support Specialist monthly and complete surveys**
- **Comply with all agency policies such as no communication with your Little outside of your scheduled meeting time**

Screening includes:

- Reference checks with at least two references, including one parent/guardian reference one adult personal reference, and one teacher/school personnel reference
- Face to face interview (in person or via Zoom), to determine your strengths, preferences, and areas of interests; the interview will not be scheduled until the completed application including all required references is submitted

We are pleased that you have expressed interest in our program. Please return the fully completed application including, the enclosed permission slip and parent/school reference forms directly to Becomeabig@bbbsbigbend.org.

Sincerely,

Molly Lord
CEO, Big Brothers Big Sisters of the Big Bend



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)			

Additional Volunteer Information
Please mark boxes indicating any of the following:
Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/>
Allergies <input type="checkbox"/> 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.

Volunteer's Signature

Date

Volunteer's Printed Name

Please submit completed application AND references via email to: becomeabi@bbbsbigbend.org



High School Big Parental Reference and Consent for Participation Form

Student's Name: _____

This form is to be completed by the student applicant's parent or guardian. Volunteers act as a role model to the Little Brother or Sister they are matched with and must possess good character, and have the ability to follow through on their commitments. Please be completely thorough and honest in filling out this form.

1. Is your child doing well in school? If not, please explain.

2. Is your child punctual; does he/she have excessive tardiness or absences? _____

3. Does your child follow through with commitments? _____

4. Do you foresee any problems with his/her involvement with the time commitment of 1 hour a week for the school year or 1 Saturday a month for up to 4 hours for 6 months for Sports Buddies? _____

5. Does your child have access to reliable transportation? (ex. walk, bus, car) _____

6. How does your child get along with his/her siblings, peers and adults? Please explain any serious or recurring problems.

6. Does he/she have any experience working with younger children? If so, in what capacity?

7. Do you consider your child a leader among his/her peers? Please explain your answer.

8. Do you feel your child manages their time well? _____

9. Please list any other activities, sports or organizations your child has been involved in the past two years.

10. Has your child ever been involved in any criminal activity? If yes, please explain.

I, _____, give permission for my child, _____, to volunteer in Big Brothers Big Sisters Mentoring Program. I have reviewed the Volunteer Participation Consent Form with my child. I understand the length of involvement and time commitment. I further understand that the supervision and training of high school volunteers will be provided by the professional staff of Big Brothers Big Sisters of the Big Bend. I will encourage my child to respond to phone calls from the Big Brothers Big Sisters Staff in a timely fashion.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Email Address: _____



Photo Consent for Promotional Use

To be completed by parent/guardian. 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: _____



High School Big Teacher/School Reference Form

Student Name: _____

This form is to be completed by a school sponsor (e.g., Guidance counselor, teacher, coach, etc.) **who has known the student applicant at least 6 months.** Volunteers will represent their high school and will act as a role model to the little brother or sister they are matched with and must possess good character and have the ability to follow through on their commitments. Please be completely thorough and honest in filing out this form.

1. How long have you known the student? _____

2. Is this student doing well in school? If not, please explain.

3. Is the applicant punctual; do they have excessive tardiness's or absences? _____

4. Does the applicant follow through with commitments? _____

5. Do you foresee any problems with his/her involvement with the time commitment of 1 hour a week for the school year or 1 Saturday a month for up to 4 hours for 6 months for Sports Buddies? If yes, why?

6. How does the applicant get along with other students and faculty? Please explain any serious or recurring problems.

7. Do you consider this student a leader among their peers? Please explain your answer.

8. Please list any other student activities, sports or organizations the student has been involved in.

Additional Comments:

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Position: _____ Email: _____