



Big Brothers Big Sisters

of Muscatine County

A program of the Muscatine Community Y

Volunteer Application

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Gender: _____

Number of years in this community? _____ Birth Date: _____

Marital Status: _____ Ethnicity: _____ Highest level of education: _____

Employer: _____ Address: _____

Occupation: _____ Work phone: _____

How long at present job? _____ Can you be called at work? _____ Work Hours: _____

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? ☐ YES ☐ NO

Do you have transportation available? ☐ YES ☐ NO

Have you ever applied before (or have been) to be a Big Brother or Big Sister? ☐ YES ☐ NO

If yes, where and when: _____

What, if any, other youth organizations have you worked for or been involved with as a volunteer? Please list contact name and phone number for each organization:

Are you experiencing any physical/mental health problems/issues for which you are receiving treatment or medication for?

☐ YES ☐ NO (If yes, we will have you discuss during the in-person interview)

Have you ever been arrested for, charged with or convicted of a crime?

☐ YES ☐ NO (If yes, we will have you discuss during the in-person interview)

Do you anticipate any significant life changes over the next year or have you had any in the past year?

☐ YES ☐ NO (If yes, we will have you discuss during the in-person interview)

Have you had any driving citations and/or moving violations in the past 5 years?

☐ YES ☐ NO (If yes, we will have you discuss during the in-person interview)

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Please list information requested for three references:

1) Spouse/domestic partner or other person residing in your home:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ E mail: _____

2) A co-worker or friend who has known you for at least 2 years:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ E mail: _____

3) Your current or past employer who had known you for at least 1 year:

Employer's Name: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ E mail: _____

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Consent to use identifying information in agency promotional materials:

I, _____, hereby give my permission for Big Brothers Big Sisters of Muscatine County to use the following information:

- Name and photo in agency newsletter, photo album or web site
- Name and/ or photo in TV, newspaper and radio promotions

The information will be used solely for the purpose of raising public awareness and support of the program and recruiting new volunteers.

Signature of volunteer

date

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I understand that:

1. The references I listed may be contacted by mail, telephone or email;
2. I am in no way obligated to perform any volunteer services;
3. The information I provide may be used to conduct a background check, to include driving records check, criminal background check, an 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.

Signature _____ Date _____