

Big Brothers Big Sisters Information Sheet

Thank you for your interest in becoming a Big Brother or Big Sister! Being a Big is a rewarding and fulfilling experience. You will have the opportunity to be a friend, mentor and a role model to a child. Please complete the following forms and if you do not already have an appointment for an interview please contact the office to schedule one.

To be a volunteer Big Brother or Sister, **you are expected to spend six to eight hours a month with your Little, visiting with them at least every other week, for one year.** Many matches continue for longer, sometimes lasting a lifetime.

The children range in age from six to sixteen, and most of them reside in low income single-parent households. We conduct thorough interviews with the children and their parent or guardian to help us determine which child would interact best with you.

Assuming that all runs smoothly, we should be able to match you with a Little within 4 to 6 weeks of completion of application and interview process. This can take longer if we do not have a child currently waiting that matches up with your preferences and geographic location within the county.

There are 3 parts to your acceptance as a Big:

- By completing the attached application you will give us permission to do a criminal, motor vehicle and personal background check that will look at your Federal, State, and County records.
- We will conduct a thorough in-person interview with you, as well as with anyone else that may have frequent contact with your Little. We may ask for a background check on them as well.
- You must have read the training manual provided and attend one “Big” training session, conveniently offered each month. We will sign you up at the beginning of the enrollment process.

After the completion of the above, we will contact you to talk about a Little that would seem to be a good fit with your preferences. We will then host a Match meeting with you and the Little and their parent.

You will receive on-going support from the agency for the duration of your match. Support staff will be in contact with you monthly. You can contact the agency as often as you need for support with your match. We encourage you to attend agency sponsored events with your Little, such as picnics, holiday parties and fund raisers.

THANK YOU for your interest in becoming a Big!

Application Process Outline

- Please submit completed application packet via email, fax or delivery to one of our three convenient locations (below):
 - Complete the Reference Sheet and return to our office.
 - Complete the volunteer pre-interview questionnaire and return to our office.
 - Read and sign the Accuracy Policy and return to our office.
 - Read and sign the Confidentiality Policy and return to our office.
 - Read and sign the Informed Consent Child Abuse Reporting Laws and return to our office.
 - Read and complete (printing neatly or typing) the Authorization to Release Criminal History Information and return to our office.

Provide a copy of your driver’s license and proof of valid auto insurance with your name on it.

Make an appointment for LiveScan Fingerprinting and have fingerprints rolled.

Complete an in person Interview

Read the Big Training Manual, attend a Big Training Session.

Santa Barbara
Big Brothers Big Sisters/ Family Service Agency
123 West Gutierrez Street
Santa Barbara, CA 93101
Tel: (805) 965-1001
Fax: (805) 965-2178
mperkins@fsacares.org

Lompoc
Big Brothers Big Sisters/ Family Service Agency
110 South “C” Street, Suite A
Lompoc, CA 93436
Tel: (805) 735-4376
Fax: (805) 737-3251
vmarias@fsacares.org

Santa Maria
Big Brothers Big Sisters/ Family Service Agency
120 East Jones Street, Suite 123
Santa Maria, CA 93454
Tel: (805) 925-1100
Fax: (805) 346-2095
mseda@fsacares.org

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. Initials _____

VOLUNTEER APPLICATION

All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

First Name:	Middle Name:	Last Name:	Preferred Name :		
Home Phone #:	Work Phone #:	Cell Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Phone Provider?		
Home Address:		City:	County:	State:	Zip
Permanent/mailling address, if different:		City:	County:	State:	Zip
Personal E-mail:	Work E-mail:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)			
Social Security Number:		Gender:	Marital/Partner Status:		
Date of Birth:		If applicable, maiden name:			
Race/Ethnicity - if Multi-race, check all that apply: <input type="checkbox"/> American Indian or Alaska Native <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		<p>Possession of a driver's license and insurance is required if you will be transporting a program youth in any vehicle you are operating.</p> <p>Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state of issue: DL#: Expiration date:</p> <p>Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Nationality/Country of Origin:					
Employer:		Work Address:		City: State: Zip:	
Occupation:		How Long Employed?		Work Hours?	
Household Annual Income: <input type="checkbox"/> 0-\$40,000 <input type="checkbox"/> \$40,001-\$80,000 <input type="checkbox"/> \$80,001+		Highest Level of Education: Area of Study:		Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:	
In case of emergency, please call (name):		Emergency contact Phone Number:		Emergency contact address:	
Relationship:					

Release

I give permission for Family Service Agency to conduct a background inquiry including my criminal, driving and clinical history, as well as to check personal references and any other information as deemed necessary to determine my appropriateness for participation in the Big Brothers Big Sisters program. I understand that I may not be accepted into the program and that Big Brothers Big Sisters reserves the right to withhold information regarding reasons for non-acceptance. I have read the above notification and understand and agree to its contents.

Signature: _____ Date: _____

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. Initials _____

REFERENCE INFORMATION

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

<u>Msg. Left</u> _____ _____	Spouse/Partner's name:		Family member name (if no spouse/partner):		
	Address:		City:	State:	Zip:
	Day Phone #:	Cell #:	Email:		
<u>Msg. Left</u> _____ _____	Employer or Co-worker (current or past) or school personnel (if you are a student):				
	Address:		City:	State:	Zip:
	Day Phone #:	Cell #:	Email:		
<u>Msg. Left</u> _____ _____	Friend, or other personal reference:				
	Address:		City:	State:	Zip:
	Day Phone #:	Cell #:	Email:		

In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

<u>Msg. Left</u> _____ _____	Organization name:		Direct supervisor:		
	Address:		City:	State:	Zip:
	Day Phone #:	Cell #:	Email:		
	Dates of involvement/employment:				
<u>Msg. Left</u> _____ _____	Organization name:		Direct supervisor:		
	Address:		City:	State:	Zip:
	Day Phone #:	Cell #:	Email:		
	Dates of involvement/employment:				
Reason for leaving?					

Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else? Yes No
If yes, when and where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No
If yes, when and where?
What capacity?

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Have you ever been involved with or volunteered for another youth organization? Yes No

If yes, when and where?

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? Yes No

If yes, when and where?

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

ACCURACY POLICY

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature _____ Date _____

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. Initials _____

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Name: _____

Prior to your in-person interview, please answer the questions below. *Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.*

1. How long have you lived in the area? _____
2. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
 Yes No
3. Do you anticipate any significant life changes over the next year or had any this past year? Yes No

If yes, Please describe:
4. Have you had any driving citations and/or moving violations in the past 5 years? Yes No
5. Have you ever been accused, arrested, charged, or convicted of a crime?
 Yes No (If yes, we will have you discuss during the in-person interview)
6. Do you have guns, ammunition, or other weapons in your house?
 Yes No (If yes, we will discuss what safety precautions are necessary)
7. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels, multimedia and Internet access? Yes No
8. Do you have any pets? Yes No (If yes, we will discuss what safety precautions are necessary)
9. Are you experiencing any physical or mental health issues?
 Yes No (If yes, we will discuss what safety precautions are necessary)

10. How many other people living in your household? _____ Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

11. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service:
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable/General <input type="checkbox"/> Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	

12. Is there anything else you'd like to tell us about yourself or any questions that you have?

I have answered these questions honestly and completely to the best of my knowledge.

Signature

Date

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. Initials _____

Interest Finder

Name: _____ **Date:** _____

This form is to be completed by the Big Brother/Sister. Place one ✓ next to the following items that you like and place two ✓✓ next to the ones you really like. Leave the others blank.

Animals _____	Drawing/Painting _____	Pool _____
Arts & Crafts _____	Fishing _____	Reading _____
Baseball/Softball _____	Dodgeball _____	Photography _____
Basketball _____	Football _____	Rollerblading/Skating _____
Volleyball _____	Frisbee _____	Rollerhockey _____
Beach _____	Golf _____	Sewing/Quilting _____
Bike Riding _____	Hiking _____	Skate Boarding _____
Bowling _____	Horseback Riding _____	Skiing/Snowboarding _____
Camping _____	Movies _____	Soccer _____
Computers _____	Video Games _____	Surfing _____
Cooking/Baking _____	Museums _____	Swimming _____
Writing _____	Music _____	Tennis _____
Dancing _____	Ping Pong _____	Waterskiing/Jetskiing _____
		Others: _____

Of the above, which do you like best?

- 1) _____
- 2) _____
- 3) _____

Which indoor games do you enjoy?

Outdoor? _____

Do you play a musical instrument?

Yes No

Which? _____

What do you like to read?
(Fiction, comics, newspapers, etc.)

On the scale below rate yourself:

More of an						More of an
Outdoor person	5	4	3	2	1	Indoor person
_____ _____						

What are you afraid of?

Do you collect anything?

Yes No

What? _____

On the scale below rate yourself:

Very					Not Very
Physically active	5	4	3	2	Physically Active
_____ _____					

What type of music do you listen to? _____

Do you speak any foreign languages? Yes if yes, which _____ No

How do you spend your spare time? _____

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Volunteer Code of Ethics

I agree to conduct myself in accordance with the following Code of Ethics while volunteering for the Big Brothers Big Sisters program and Family Service Agency:

1. To consistently meet for six to eight hours per month with my Little. (These visits may be broken up in such ways as 2 hours one time a week, or 3 to 4 hours every two weeks.) I will contact my Little by telephone during the weeks we do not meet.
2. To maintain good communication with the Little, his/her parents and/or guardian, and the Big Brothers Big Sisters staff. This includes contacting program staff immediately if any issues or concerns arise, even ones that may appear insignificant, and to notify program staff of any changes in address, phone number or email.
3. To participate with program staff in monthly monitoring and support calls/contacts (once every three months following the first year), as well as survey requests, and to follow their guidance.
4. To model good behavior and standards including:
 - Providing a positive friendship with the Little based on mutual respect and open communication.
 - Displaying stable and mature behavior.
 - Maintaining a good driving record.
 - Not engaging in unlawful activity such as theft, drug or underage alcohol use.
 - Not engage in the use of alcohol or any mood altering medications while in the presence of the Little.
 - Not engaging in any romantic or sexual relationship with the Little and/or any member of his/her family.
 - Not engaging in sexual harassment (unwanted attention or intimacy in a nonreciprocal relationship) which includes coercive behavior, sexual solicitation, physical advances, and verbal or non-verbal conduct of a sexual nature with anyone involved in the Big Brothers Big Sisters program or Family Service Agency.
 - Not knowingly engaging in behavior that is harassing or demeaning to persons with whom I interact in my capacity as a volunteer, based on factors including age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
 - Not to exchange money or items/gifts with my Little or his/her family (excluding nominal items such as cards, flowers, baked goods, small birthday gifts etc.)
5. As Drug-Free Workplace, Family Service Agency requires all employees and volunteers to refrain from using any and all illegal substances while a volunteer. The use of illegal substances (including underage use of alcohol) is fundamentally incompatible with the nature of this Agency and the Big Brothers Big Sisters program.
6. To maintain valid automobile liability insurance throughout the duration of my time as a Big Brother/Big Sister.
7. **CONFIDENTIALITY POLICY:** I understand that all files are confidential and are considered property of the Agency and not the Agency staff, clients or volunteers. I also comprehend that while files are not available for review by clients, parents or volunteers, information about clients and volunteers may be shared among the professional staff and/or prospective parents. I agree to not release confidential information concerning my Little to anyone, with the exception of Big Brothers Big Sisters staff, without the parents' written consent *and* permission of Big Brothers Big Sisters staff. I further understand that the law requires that confidentiality be broken in the following instances:
 - When I believe my Little may be a danger to himself/herself or to another person or to the property of another.
 - If information is court ordered and signed by a judge.
 - When child abuse, dependent abuse, or elder abuse is suspected.
 - In other exceptional cases as defined by law and as directed by the Big Brothers Big Sisters staff.
8. To notify program staff immediately if, for any reason, I breach this Code of Ethics, am considering closing my match or am unable to fulfill my responsibilities as a Big Brother or Big Sister, and to support this Code of Ethics, guidelines and ground rules, and the expectations presented in the Volunteer Orientation and Training.

Big Brother/Big Sister Volunteer Signature

Date

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. Initials _____

INFORMED CONSENT ON CHILD ABUSE REPORTING LAWS

I, _____, understand that pursuant to California Penal Code Section 11165-11174.5, all staff at Big Brothers Big Sisters of Santa Barbara County are mandated to report all cases of suspected child abuse, including, but not limited to any information obtained during the match of a volunteer to a child.

I agree to share all suspected abuse, whether valid or not, with Big Brothers Big Sisters of Santa Barbara County staff.

Volunteer Signature

Date

Print Full Name

Phone Number

POLICY STATEMENT

The Big Brothers Big Sisters program is dedicated to providing high-quality services to youth and families in our community. Accordingly, we strive to provide safe and appropriate role models who are the best-suited individuals for our kids. In determining whether a prospective volunteer may be appropriate for acceptance in the program, Big Brothers Big Sisters does not discriminate on the basis of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language or socioeconomic status.

Once accepted into the program the volunteer's personal information (which may include these and other characteristics) is shared with the prospective parent or guardian to describe a potential match, although the volunteer's name is not disclosed until the match is agreed upon. The program respects the right of the parent/guardian and youth to refuse to be matched with a potential volunteer for any reason.

I have read and understood the above Policy Statement.

Volunteer Signature

Date

Media Consent Form

I, _____, hereby authorize Big Brothers Big Sisters and Family Service Agency to make use of my name, photograph, likeness, film footage and/or description of my participation in Big Brothers Big Sisters activities for fund raising, publicity or recruitment purposes, including but not limited to social media, print and televised media, and advertisements.

Volunteer Signature

Date

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. Initials _____