



Big Brothers Big Sisters of South Texas
 202 Baltimore Avenue, San Antonio, TX 78215
 Phone (210) 225-6322, Fax (210) 225-1961
www.bigmentor.org

VOLUNTEER INQUIRY

Program Interest: Community-based Club School-based Magic While You Wait High School

Volunteer: BB BS BC

Date of Inquiry: _____

Name (First, Middle, Last): _____ Gender: Female Male

Address, City, State, Zip _____

Email Address: _____ Home number: _____

Work number: _____ Cell phone number: _____ Fax number: _____

Referred by: TV Radio Friend Special Event General Knowledge Website Corporate Partner
 Other _____

Comments:

VOLUNTEER PRE-ENROLLMENT

SSN: _____ DOB: ____/____/____

Ethnicity: African American Asian Caucasian Hispanic Biracial Multiracial Other: _____

Religious Affiliation: _____ Place of worship: _____

Marital Status: Single Living Together Married Divorced Widowed

Education: Less than High School High School Some College Associate's Degree Bachelor's Degree
 Master's Degree Professional Degree Are you currently attending school? Where? _____

Are you in the military? Branch: _____ Duty Station: _____ Rank: _____

Employer: _____ Occupation: _____

Employer Address, City, State, Zip: _____

May we contact you at work? Yes: No: Work hours: _____ Length of Employment: _____

Possession of a driver's license is required if you will be transporting a youth in any vehicle you are operating. Do you have a driver's license? Yes No

If yes, state of issue and number: _____ Expiration date: _____

Have you ever been arrested/convicted for any legal offense? Yes No Status/Degree: _____

Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? Yes No

Have you ever been or are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly or the disabled? Yes No

If you answered "yes" to any of the last three questions, please list details, including the degree, city, state, and county of the event. _____

Do you have any communicable diseases? Yes No If yes, please describe: _____

References:

Please type or print information of four persons who know you well. 1) Your current or past employer who has known you for at least 1 year, 2) Co-worker or friend who has known you for at least 2 years, 3) Close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years, and 4) someone who has known you for at least one year.

1. Employer’s Name (or school if student): _____

Supervisor’s Name (or teacher if student): _____

Address, City, State, Zip: _____

Daytime Phone Number: _____ e-mail: _____

2. Coworker or Friend: _____

Address, City, State, Zip: _____

Daytime Phone Number: _____ e-mail: _____

3. Spouse/Domestic Partner or close family member: _____

Address, City, State, Zip: _____

Daytime Phone Number: _____ e-mail: _____

4. Friend: _____

Address, City, State, Zip: _____

Daytime Phone Number: _____ e-mail: _____

Waiver of Confidentiality

I, _____, am aware that Big Brothers Big Sisters, Alamo Area (the “Agency”), has an obligation to the Little Brothers and Sisters with whom applicants are matched, not to expose them to role models that may improperly influence them or adversely affect them in any way. In light of the responsibility of the Agency to such children and their parents, I do hereby knowingly and voluntarily consent to the disclosure to the Agency of any records or information pertaining to my application or which may be used by the organization to determine my suitability as a volunteer in the program. Such information may include, but shall not be limited to, employment records, records of any law enforcement Agency, references, psychological evaluations or testing results, medical records, and the records of any other agency or organization which utilizes volunteers.

I understand that all information provided to and obtained by the Agency will be held in the strictest of confidence. The Agency may, however, disclose to other agencies and organizations that utilize volunteers, the fact that I applied for and/or served with the Agency as a volunteer. Furthermore, all information obtained by the Agency shall be deemed to be the sole property of the Agency, and shall not be available to me or anyone outside the Agency, excepting parents of prospective Little Brothers or Little Sisters during the matching process, unless written authorization for the disclosure of information has been obtained from me. I understand and agree that I am not obligated if called upon, to perform services of a Big Brother or Big Sister and that the Big Brothers Big Sisters Agency is not obligated to assign, or actively seek to assign, a child to me.

I agree to inform Big Brothers Big Sisters if I am named in complaints or indictments or convictions of a felony or a misdemeanor, including deferred adjudication. I also agree to inform Big Brothers Big Sisters if I am investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled.

I agree to maintain my auto liability insurance and will notify BBBS of any changed made to that coverage throughout my participation in the Big Brothers Big Sisters Program.

I hereby release and discharge the Agency, as well as all organizations, agencies, corporations, partnerships, governmental entities, individuals, and any other person or persons from all actions, causes of action, claims, demands, and liabilities for or by reason of the disclosure or use of information provided to the Agency pursuant to this Waiver of Confidentiality.

Signature: _____ Date: _____