



## Volunteer Application

First Name	M.I.	Last Name	Date of Birth	
Home Address			City	State   Zip
Email		Home Phone	Cell Phone	Male <input type="checkbox"/> Female <input type="checkbox"/>
Employer			Work Phone	
Employer Address		City	State	Zip
Occupation		Education (highest level)	Marital Status	
Race (Check all that apply)		Ethnicity (Check one ONLY)		T-Shirt Size _____
American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>		Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/>		

### References

One of the four references needs to be a **Significant Other Reference** if you are married, living with a significant other, or engaged, **if no Significant Other, we need a family member**. Please list people you have known for **over one year**

<b>1. Friend</b>	
Email	Daytime Phone
<b>2. Friend</b>	
Email	Daytime Phone
<b>3. Employer</b>	
Email	Daytime Phone
<b>4. Spouse, Significant Other, Family Member</b>	
Email	Daytime Phone

**Applicant Signature/Date:** \_\_\_\_\_



### Volunteer Pre-interview Questionnaire

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Which do you enjoy more?  
 Indoor Activities                       Outdoor Activities
2. Would you describe yourself as a person who enjoys:  
 Watching events or activities    Actively participating in activities    Both
3. In identifying a youth for you to work with, are there any special considerations you want us to know about?  
 No                       Yes (If yes, we will have you discuss during the in-person interview)
4. Do you have any guns or ammunition in your house?  
 No                       Yes (If yes, we will have you discuss what safety precautions are necessary around youth)
5. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and Internet access?  
 Yes                       No (If no, we will have you discuss during the in-person interview)
6. Do you have any pets that could potentially scratch or bite a child?  
 No                       Yes (If yes, we will have you discuss what safety precautions are necessary around youth)
7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?  
 No                       Yes (If yes, we will have you discuss during the in-person interview)
8. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so, please explain.  
 No                       Yes (If yes, we will have you discuss during the in-person interview)
9. Would you be willing to work with a child who had experienced physical, emotional or sexual abuse?  
 Yes                       No
10. Do you speak any foreign languages?    Yes \_\_\_\_\_    No
11. Before we continue in the interview, is there anything else you'd like to tell us about yourself or any questions that you may have for a BBBS Staff member?



## VOLUNTEER POLICY

A personal interview is designed to establish a profile of you and your interests. This profile will be used by the staff to best match you with a Little Brother/Little Sister. All elements of your profile will be kept in the strictest of confidence, with the exception of parents and/or guardians with a direct responsibility for a Little Brother or Little Sister who has been accepted and is actively being considered for a match with you. Before any assignment to a Little Brother/Little Sister, a similar profile of the child and the family will be discussed with you to insure that your preferences will be respected.

The undersigned acknowledges and agrees that:

1. I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other person, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested to Big Brothers Big Sisters of East Central Ohio and/or its agents or representatives at any time during my volunteer service. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.
2. I understand that **I must immediately disclose any arrests, known criminal investigations, convictions, license suspensions, and/or moving violations occurring from this point forward and for the duration of my involvement with Big Brothers Big Sisters of East Central Ohio.** I agree failure to do so may jeopardize any existing match and all program involvement.
3. I understand that I must disclose the ownership of a weapon(s) or firearms(s), or if they are present in my home. I also must disclose if I obtain a firearm(s) or weapon(s) during my involvement with Big Brothers Big Sisters of East Central Ohio.
4. He/She is not obligated, if called upon, to perform the volunteer service herein applied for and that the agency is not obligated to assign, or to actively seek to assign him/her a Little Brother/Little Sister; and, as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel.

Big Brothers Big Sisters reserves the right to reject a candidate for any reason that the association, in its sole judgment, determines will or may affect either the best interests of a Little Brother/Little Sister or Big Brothers Big Sisters of East Central Ohio. Furthermore, Big Brothers Big Sisters reserves the right to withhold the reason(s) for such refusal.

A copy of this release is acceptable in lieu of the original.

The undersigned expressly agrees to the above stated conditions in applying as a volunteer with Big Brothers Big Sisters.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## DIGITAL TECHNOLOGY AND SOCIAL NETWORKING POLICY

Big Brothers Big Sisters of East Central Ohio recognizes that social networking on the internet is prevalent for volunteers, mentees and mentees' families. To protect our children and their families, we expect volunteers to adhere to the following BBBSECO Digital Technology and Social Networking Policy, to ALL guidelines defined by social media sites, and to ALL state and federal laws. BBBSECO reserves the right to monitor the social networking activities of volunteers, and to request that a volunteer delete inappropriate information from a social media site. If a volunteer is seen using social networking in an excessively inappropriate manner, his or her relationship with our organization could be terminated.

### Community-based and Dual matches:

#### I. Child Safety and Appropriate Social Networking

Child safety is our #1 priority. Volunteers choosing to engage in social media are expected to maintain an appropriate presence on social media, **even if they are not “connected” with their mentee through social media sites**. Volunteers serve as role models for a child and the community.

- Volunteer should ensure that posts, tweets, photos and comments are appropriate and kid-friendly.

#### II. Confidentiality and Privacy

BBBSECO requires its volunteers to respect the confidentiality and privacy of the children and families of Big Brothers Big Sisters in every respect, including social networking. This applies even if the volunteer is not “connected” with their mentee through social media sites. **Volunteers must follow these requirements regarding confidentiality on their own and others' social media sites.**

- Written parental permission is required to post, share or tweet photos or videos of their mentee.
- Never post, share, tweet or tag their mentee's full name, location, city, address, school or other personal information such as where his/her parent/guardian works.
- Volunteers should not use geo-positioning applications when they are with their mentee.

#### III. “Connecting” with Mentees Through Social Networking

**Mentors in a Community-based or Dual match may not initiate or accept an invitation to “connect” or “follow” his/her Little or member of the Little's family on any social media site without written parental permission**

***I HAVE READ AND WILL ABIDE BY THE BBBS DIGITAL TECHNOLOGY AND SOCIAL NETWORKING POLICY***

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Signature

Date



## **Confidentiality Policy/Management of Confidential Information**

Purpose: The Board of Trustees of Big Brothers Big Sisters of East Central Ohio has determined that in order for children, parent/guardians and volunteers to be open and honest in their relationships with the agency and in order for the agency to protect the confidentiality of extensive personal information about these persons and their families, it is necessary to adopt this policy governing the management of confidential information. The agency respects the confidentiality of child and volunteer records and shares information only among agency professional staff and as otherwise described in this policy.

Information and Documents Considered Confidential: Confidential information includes all private and personal information used to accept or reject clients, to accept or reject volunteers, and to supervise matches, such as school records, medical records and information received from interviews and phone contacts. Confidentiality also applies to video, filming, pictures and use of a client's or volunteer's name or photograph in agency publications, unless specifically waived.

Access to Confidential Information. No one internally or externally will be given access to view confidential agency records without the express consent of the Board of Trustees of Big Brothers Big Sisters of East Central Ohio, except that Big Brothers Big Sisters of America representatives are given access for purposes of program evaluation and the following persons are permitted access to child and volunteer records in order to fulfill their job functions for the agency: Anyone given access to files, must first review and sign the agency confidentiality policy.

President & Chief Executive Officer  
Quality Assurance Officer

- Program Staff
- Program Assistants (under professional supervision only)
- Human Resources Director
- Support Staff as designated by the CEO or the VP of Programs
- Volunteers (under professional supervision only)
- Student Interns/Work Study (under professional supervision only)

### Exceptions to limited access are as follows:

Information may be provided to law enforcement officials or the courts pursuant to a valid subpoena without the individual's or agency's consent.

Information may be provided to the agency's legal counsel in connection with potential litigation involving the agency.

Agency personnel must report suspected child abuse to appropriate authorities as required by state law.

Agency personnel who receive information indicating a client or volunteer may be dangerous to himself/herself or others must take necessary steps to protect the appropriate party(ies), including a medical referral or report to local law enforcement authorities.

Information may be provided and file reviews may be conducted by agency auditors, funding agencies or other entities as approved by the CEO and only under professional supervision.

The Board of Trustees may grant access to child or volunteer files only upon authorization by formal motion approved by the board. The motion must state who is authorized to review records, the specific purpose for the review and the limited period of time during which access shall be granted.

Release of Confidential Information: All client and volunteer files are property of the agency, not of clients, parents/guardians, volunteers or agency personnel. Volunteers, rejected applicants, clients, parent(s), etc. are not given direct access to confidential information in their files in order to maintain the integrity of the agency's reference sources, program staff and collateral contacts.

Identifying information will not be made public, except names and photographs of clients and volunteers may be used in agency publications unless the client or volunteer withholds permission to use that information. Information in source documents, clients' files and volunteers' files is shared with individuals or outside organizations only under the following conditions:

A **release form** signed by a volunteer or client's parent(s)/guardian(s) requesting release of certain information in that person's file is presented to the program staff member, authorizing the agency to release specific information. The signature on the form must be original and genuine.

All requests for release of information must be approved by the Vice President of Programs or his/her designee.

Records are not duplicated; volunteer or client files are not reproduced and sent.

Information that is specifically requested is summarized in writing and forwarded to the requesting person.

A copy of the release and the written summary is placed in the appropriate file.

Requests for Confidential Information from Other Sources: When a program staff member wishes to obtain information from another organization or individual in order to perform intake, matching or supervision of a match, he/she will use the standard release of information form that has been signed by the client's parent(s)/guardian(s) or volunteer. A copy of the signed release shall be filed in the client's or volunteer's file with a copy of the letter requesting the information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



***Authorization of acknowledgement regarding BBBSO weapons policy***

While some adults possess weapons for hunting and/or protection purposes, it is the policy of Big Brothers Big Sisters that all agency volunteers agree to inform BBBS of the ownership of weapons or the presence of weapons in the home. Volunteer Bigs must disclose any firearms and/or weapons ownership **both** at enrollment and throughout the life of the match.

1. BBBS staff will discuss the ownership of weapons during the volunteer's interview and/or home assessment. For purposes of this policy, "weapons" include all firearms, handguns, zip guns, knives (except for kitchen knives and small pocket knives not used or intended for use as a weapon or to inflict bodily injury) and explosive devices.
2. To ensure that weapons and ammunition are inaccessible to the child assigned to you by BBBS and to any other child participating in a BBBS activity, while the child is under your supervision. The means of ensuring the inaccessibility will be discussed during the interview and/or home visit.
3. To attest that any weapons, firearms or ammunition ownership is licensed, permitted, registered and handled in accordance with all applicable state and federal laws.
4. To adhere to the policy that a volunteer will not carry a concealed handgun at any time while accompanying the child assigned to you by BBBS or accompanying any other child participating in a BBBS activity (with the exception of law enforcement officers who are required to carry a weapon at all times and have received prior approval from BBBS).
5. To understand that BBBS will disclose to the parent or guardian of the child assigned to you by BBBS the agency's weapons policy and the volunteer's admission of weapon ownership or the presence of a weapon in the home. The parent/guardian will sign an acknowledgment page at the match introduction, and the volunteer will sign an acknowledgment of the ownership of a weapon during enrollment, copies will be kept in both files.
6. To obtain permission from the child's parent/guardian and from BBBS before engaging in any activity in which a weapon may be used with the child assigned to you by BBBS or with any other child participating in BBBS activities.
7. To abide by any other policy or procedure that BBBS may put into effect regarding weapons.
8. BBBS requires that a child under the age of 18 to participate in a gun safety course prior to using a firearm. We ask that a Volunteer provide their BBBS staff member a copy of the completed gun safety course prior to engaging in activities with weapons.
9. I agree to abide by the weapons policy of BBBSO

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Volunteer Signature

(Printed Name)

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BBBSO Staff Member



## Information Consent and Release Form

Please read carefully, check your response and sign below.

I agree and give permission for any Big Brothers Big Sisters of East Central Ohio staff member to review all information contained in my file.

I **DO**  consent to the use of identifying information in print, video, films and/or photographs for publicity or promotion by Big Brothers Big Sisters of East Central Ohio.

I **DO NOT**  consent to the use of identifying information in print, video, films and photographs for publicity/promotion by Big Brothers Big Sisters of East Central Ohio

I **DO**  / I **DO NOT**  give permission for you to contact my employer for the purpose of recognition of my participation.

Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Complete below if you have lived in any of the following states:

**Alaska • Colorado • New Hampshire • Pennsylvania • Washington**

I \_\_\_\_\_, authorize the \_\_\_\_\_ State of Alaska \_\_\_\_\_ Colorado \_\_\_\_\_  
New Hampshire \_\_\_\_\_ Pennsylvania \_\_\_\_\_ Washington to release my driving record to LexisNexis  
Screening Solutions and/or its agents.



**Authorization for Release of Information**

Medical/Counseling  
Volunteer

I, \_\_\_\_\_ authorize \_\_\_\_\_

Its director or designee to release the following information to Big Brothers Big Sisters of East Central Ohio, Inc. from my records: Dates of counseling, diagnosis, prognosis, any medications prescribed and any other pertinent information.

The purpose for the disclosure of information:

*To determine the appropriateness of this person to become a Big Brother or Big Sister Volunteer working with a child for a minimum of one year, seeing that child at least 2 times a month.*

This consent shall expire on \_\_\_\_\_ unless expressly revoked earlier.

It is my understanding that this information will be held confidential.

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Date



**Authorization for Release of Information**  
**Prior Volunteer or Experience with Youth**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Name Organization Name

Its director or designee to release the following information to Big Brothers Big Sisters of East Central Ohio, Inc. from my records: Dates of volunteerism, involvement with organization/type of volunteerism, population volunteer worked with and any other pertinent information.

The purpose for the disclosure of information:

*To determine the appropriateness of this person to become a Big Brother or Big Sister Volunteer working with a child for a minimum of one year, seeing that child at least 2 times a month.*

This consent shall expire on \_\_\_\_\_ unless expressly revoked earlier.

It is my understanding that this information will be held confidential.

\_\_\_\_\_  
Volunteer Name Date

Organization Location: \_\_\_\_\_

Organization Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Volunteer Policy

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon, to perform the volunteer services herein applied for and (2) the Agency is not obligated to assign, or actively seek to assign, him/her responsibility as part of the Agency's volunteer services, (3) additional personal information may be elicited regarding the applicant by professional Agency personnel, and (4) he/she will not share personal information about a child/child's family without their written consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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### Medical Authorization

I, \_\_\_\_\_, (volunteer's name) give my permission for emergency medical treatment when regular service cannot be supplied by my own doctor. In consideration of the above, I release and discharge Big Brothers Big Sisters of East Central Ohio, its staff, lay officer, volunteers, and agents from all liability in connection with participation in its program and activities.

Insurance, if any \_\_\_\_\_ Please list any allergies: \_\_\_\_\_

Emergency Contact Person and Phone Number (please list 2) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent Signature if applicant is a Juvenile)

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### Consent to photograph &/or Videotape

I, \_\_\_\_\_, hereby give my permission to Big Brothers Big Sisters of East Central Ohio, Inc. (BBBS) to photograph and/or videotape me during activities for the purpose of promoting the BBBS program. I also give BBBS permission to use my name in newsletters and publications for promotional purposes. This release will remain in effect for the duration of my involvement with BBBS, unless I notify BBBS in writing of its cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Juvenile Volunteer Applicant)

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### Serving Tuscarawas and Carroll County

1260 Monroe Avenue Suite 100D PO Box 6099 NW New Philadelphia, OH 44663  
 (330)339-6916 (888)364-5965 (fax)(330)339-6752 [www.bigs4kids.com](http://www.bigs4kids.com) [bsearch@bigs4kids.com](mailto:bsearch@bigs4kids.com)

### Defenders of Potential





## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists

these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** *If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.*
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051