



\_\_\_/\_\_\_/\_\_\_

Dear \_\_\_\_\_,

Enclosed you will find the application packet for Big Brothers Big Sisters of Central Florida, Inc. Please complete this paperwork and have it available at your interview. The agency will contact you when we are able to set up for an interview. When you arrive at the interview please have available the following:

- **Volunteer Application**
- **Volunteer Pre-Interview Questionnaire**
- **Interests & Activities Sheet**
- **Confidentiality Policy**
- **Clinical Release Consent Form**
- **Consent for Media Release**
- **Copy of your driver's license**
- **Copy of your car insurance card**
- **Copy of your social security card**
- **\$25.00 application fee**

If you have any questions or concerns, please feel free to call us. Our office hours are Monday through Friday from 8:30 am to 5:00 pm. We look forward to meeting you.

Sincerely,

Valerie Clary  
Community Relations Specialist

Enclosures

*Little Moments. Big Magic.*

*Please note that you need only to provide us with the names, addresses, and phone and/or fax numbers for your references. We will send all requesting information to them and/or contact them by phone to complete the reference. Thank you!*

## VOLUNTEER APPLICATION

First Name:		Middle Name:	Last Name:		Date of Birth:	
Home Address:			City:	County:	State:	Zip:
Email:			Home Phone #:	Work Phone #:	Cell Phone #:	
Gender (check): <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias/Maiden name:		Ethnicity:		
Social Security #:			Driver's License #: Expiration Date:			
Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Living with Significant Other			Household Composition – Please list full legal name and date of birth of anyone over the age of 18 living with you and state the relationship (Write N/A if there is no one in your home 18 years of age or older):			
Household Income (check one): <input type="checkbox"/> less than \$15,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$35,001-\$50,000 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> \$75,001-\$100,000 <input type="checkbox"/> \$100,001+						
Employer:						
Address:			City:	State:	Zip:	
Occupation:			Highest Level of Education Completed:			
Can We Contact You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:		Length of Employment:		

### REFERENCES

Please type or print information requested for FOUR references:

- 1) Current or past employer who has known you for **at least 1 year**
- 2) Co-worker, non-relative or non-friend who has known you **at least 2 years**
- 3) Co-worker or friend who has known you for **at least 2 years**
- 3) Close family member (spouse/domestic partner) or a friend who has known you for **at least 3 years**.

1. Employer's Name (or school if student):		Supervisor's Name (or teacher if a student):			
Address:		City:	State:	Zip:	
Daytime Phone #:	Alternative #:	Email:			
2. Name:					
Relationship: Co-worker/ Non-Relative (specify relationship)					
Address:		City:	State:	Zip:	
Daytime Phone #:	Alternative #:	Email:			

**(PLEASE TURN OVER)**



- I certify that the information I have provided is true and correct, to the best of my knowledge.
- I authorize Big Brothers Big Sisters of Central Florida to contact the references listed in this application by mail, telephone, or email.
- I authorize Big Brothers Big Sisters of Central Florida to utilize the information provided in my application to conduct a national criminal background check, a local criminal background check, a review of my driving record and other records where required by local, state and/or federal law for volunteers working with youth.
- I acknowledge that additional information may be requested at a later date as part of the enrollment process.
- I acknowledge that I am in no way obligated to perform any volunteer services.
- I acknowledge that Big Brothers Big Sisters of Central is not obligated to match me with a youth.

Name (print): \_\_\_\_\_

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.

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Which do you enjoy more?

- Indoor Activities                       Outdoor Activities                       No Preference

2. Would you describe yourself as a person who enjoys:

- Watching events or activities     Actively participating in activities     Both

3. Do you have any guns or ammunition in your house?

- Yes (If yes, we will discuss what safety precautions are necessary)  
 No

4. In your home, would you be able to secure, or otherwise make unavailable, viewing materials that are inappropriate for youth? This would include television channels and Internet access?

- Yes  
 No (If not, we will discuss during the in-person interview)

5. Do you have any pets?

- Yes (If yes, we will discuss what safety precautions are necessary around youth)  
 No

6. Are you receiving any medical services?

- Yes (If yes, we will discuss during the in-person interview)  
 No

7. Are you currently receiving any counseling services?

- Yes (If yes, we will discuss during the in-person interview)  
 No

8. Have you ever been arrested, charged, or convicted of a crime?

- Yes (If yes, we will discuss during the in-person interview)  
 No

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

- Yes (If yes, we will discuss during the in-person interview)  
 No

10. Do you have reliable transportation?

- Yes
- No (If no, we will discuss during the in-person interview)

11. How long have you lived in the area? \_\_\_\_\_

12. Do you anticipate any significant life changes over the next year? If so, please explain. (Examples: moving, changing job, getting married/engaged, divorce, family illness, etc.)

- Yes (If yes, we will discuss during the in-person interview) \_\_\_\_\_
- No

13. Have you had any significant life changes during the past year? If so, please explain. (Examples: moved, changed job, got married/engaged, divorced, family illness, etc.)

- Yes (If yes, we will discuss during the in-person interview) \_\_\_\_\_
- No

14. Do you speak any foreign languages?

- Yes. Please list: \_\_\_\_\_
- No

15. Please list any additional information you would like to share with the agency regarding yourself or any questions you may have related to becoming a volunteer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**INTERESTS AND ACTIVITIES**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please check areas of interest and activities that you would enjoy.

<i>SPORTS</i>		<i>SCIENCE &amp; MECHANICS</i>		<i>READING</i>	
Boating	_____	Auto Mechanics	_____	Comic Books	_____
Swimming	_____	Airplanes	_____	Newspapers	_____
Snorkelling	_____	Chemistry	_____	Fiction	_____
Water Skiing	_____	Electronics	_____	Non Fiction	_____
Soccer	_____	Space Science	_____		
Football	_____			<i>CULTURAL</i>	
Softball	_____	<i>ARTS &amp; CRAFTS</i>		Symphony	_____
Baseball	_____	Drawing	_____	Opera	_____
Basketball	_____	Painting	_____	Ballet	_____
Volleyball	_____	Dancing	_____	Live Theater	_____
Golf	_____	Singing	_____	Concerts	_____
Tennis	_____	Acting	_____	Movies	_____
Track	_____	Ceramics	_____		
Wrestling	_____	Photography	_____	<i>GAMES</i>	
Racquetball	_____	Needlepoint	_____	Card Games	_____
Bowling	_____	Cooking	_____	Checkers	_____
Ping Pong	_____	Sewing	_____	Chess	_____
Bicycling	_____	Woodworking	_____	Dominos	_____
Kites	_____	Model Airplanes	_____	Video Games	_____
Roller Blading	_____	Model Boats	_____	Board Games	_____
Weight Lifting	_____	Model Cars	_____		
Horseback Riding	_____			<i>OTHER INTERESTS</i>	_____
Auto Racing	_____	<i>OUTDOOR LIFE</i>		Collecting Things	_____
Fishing	_____	Animals	_____	Computers	_____
Hiking	_____	Birds	_____	Shopping	_____
Martial Arts	_____	Gardening	_____	Beach	_____
Physical Fitness	_____	Stars	_____		

**ADDITIONAL COMMENTS:**

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## CONFIDENTIALITY POLICY

### Access to Confidential Records

In order for BBBS of Central Florida to provide a responsible and professional service to clients, it is necessary for volunteers, clients and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records, but to video, film, pictures of, and use of client or volunteer's name in agency publication. All records are considered the property of the agency. Information from outside sources including confidential references must be assessed along with information gained from the clients or volunteers themselves. Records are not available for review by the clients or volunteers.

### Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer.
2. *Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.*
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, the National Big Brothers Big Sisters of America may have access to client and volunteer records. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
4. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review the records, the specific purpose for such review and the period of time during which access shall be granted. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the appropriate authorities (Department of Children and Families). All workers are responsible for staying abreast of such reporting requirements of their respected jurisdiction and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

**I have read and understand the above document which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions set forth.**

Name (print): \_\_\_\_\_

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



**VOLUNTEER CLINICAL/COLLATERAL RELEASE CONSENT FORM**

**If you are currently receiving services from a mental health facility or an individual professional, please complete, sign and date the following statement.**

I, the undersigned, hereby authorize:

Name of Agency/Group \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treatment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

to release information related to medical, psychiatric, psychological and drug and alcohol treatment to Big Brothers Big Sisters of Central Florida, Inc. I understand that the information will be used to assist in evaluating me for acceptance into the Big Brothers Big Sisters program. I understand that any information received as a result of this authorization will be treated as confidential and will not be further distributed without my expressed written consent with the exception if information has already been released as a result of this authorization. This consent is subject to revocation at anytime except to the extent that the program, which is to make the disclosure, has already taking action in reliance on it. If not previously revoked, the authorization expires one year from the date noted below.

I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by the federal privacy laws or regulations.

**I am not currently receiving services from a mental health facility or an individual professional.**

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

BBBS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**VOLUNTEER CONSENT FOR MEDIA RELEASE**

I, \_\_\_\_\_, hereby authorize and give full consent  
(Volunteer Name)

to Big Brothers Big Sisters of Central Florida to copyright, publish, and use all films, photographs, videotapes or other reproductions in which I appear.

*I further agree that Big Brothers Big Sisters of Central Florida may use these reproductions for any and all exhibitions, public displays, publications and advertising purposes without limitation or reservation or any compensation other than that of which receipt is hereby acknowledged.*

***I do not authorize Big Brothers Big Sisters of Central Florida to copyright, publish, and use all films, photographs, videotapes or other reproductions in which I appear.***

Name (print): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_