



www.bbbslr.org

BIG BROTHERS BIG SISTERS OF THE LAUREL REGION

106 North Main Street
Greensburg, PA 15601
Phone: 724-837-6198
Fax: 724-837-6120

65 West Main Street
Uniontown, PA 15401
Phone: 724-439-8055

VOLUNTEER APPLICATION

Date: _____ Social Security Number: _____ Date Application Received: _____
BBBS Use Only

Volunteer's Name: _____ Date of Birth: _____

Address: _____
Street City/State Zip

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Place of Employment: _____ Work Phone: _____

Work Address: _____
Street City/State Zip

Job Title: _____ May we contact you at work? YES NO

How long have you been at the present job: _____ Race: _____

Highest Level of Education: GED High School Some College Assoc. Degree Bach. Degree Master's Degree

Marital Status: _____ Spouse's Name (if applicable): _____

Members of Household (names and relationships): _____

Have you ever been/applied to be a Big Brother/Big Sister (if 'yes', please list agency/county/state): _____

What experiences have you had working with children? _____

Do you anticipate any major changes in your life over the next year (job, location, marital status, children)? _____

What other organizations do you belong to? _____

Would you accept a child who is of the opposite sex (Big Sister applicants only)? YES NO

Do you wish to be matched with a child as a couple (husband/wife)? YES NO

How did you hear about our agency: _____

Do you know anyone involved with our agency (if 'yes', please list person/relationship): _____

Please enter information requested for four references: 1) current or former employer who has known you for at least 1 year; 2) a professional person (lawyer, doctor, clergy, etc.) who has known you for at least 2 years; 3 and 4) close friend, co-worker, or neighbor who has known you for at least 3 years (non-relatives).

EMPLOYER'S NAME: _____

HOME PHONE: _____

ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

E-MAIL: _____

RELATIONSHIP TO YOU: _____

HOW LONG KNOWN? _____

PROFESSIONAL'S NAME: _____

HOME PHONE: _____

ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

E-MAIL: _____

RELATIONSHIP TO YOU: _____

HOW LONG KNOWN? _____

PERSONAL REFERENCE'S NAME: _____

HOME PHONE: _____

ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

E-MAIL: _____

RELATIONSHIP TO YOU: _____

HOW LONG KNOWN? _____

PERSONAL REFERENCE'S NAME: _____

HOME PHONE: _____

ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

E-MAIL: _____

RELATIONSHIP TO YOU: _____

HOW LONG KNOWN? _____

I understand that:

- The references I have listed above may be contacted by mail, telephone, phone, or e-mail.
- The information I have provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth.
- The BBBS agency is not required to match me with a youth.
- This application becomes property of the BBBS agency, and that in the event of denial of program participation, the reasons for denial need not be given.
- Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references.
- As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for assignment.

Signature: _____

Date Signed: _____



Big Brothers Big Sisters of the Laurel Region

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“I hereby authorize and agree to allow Big Brothers Big Sisters of the Laurel Region the right to receive my original Child Abuse Clearance form directly from the Department of Public Welfare in Harrisburg, PA.”

*If you would like a copy of your certificate, BBBSLR will provide a copy after the original is received.

Print Name: _____

Signature: _____

Date: _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE