



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

HIGH SCHOOL VOLUNTEER APPLICATION (SCHOOL-BASED MENTORING)

Name: _____ Date of Birth: _____

Social Security Number: _____ (Please see back for further information.)

Home Address: _____
Number/Street City/State Zip

Gender (circle): MALE FEMALE Race: _____

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

Current grade level: Freshman Sophomore Junior Senior

Intended Program: (please circle) Breakfast Buddies Lunch Buddies After-School Tutoring

Intended Program Site: (name of school district/elementary school) _____

Days and Times of Availability: (please make allowances for travel time) _____

Can you meet with a child on a consistent basis during the **entire** school year? YES NO

If NO (above), what activities are in conflict with this program? _____

How did you hear about our agency? _____

I understand that:

- My acceptance as a BBBS volunteer is pending outcomes from required clearances/background checks, and I understand that BBBS will update these yearly.
 - Pennsylvania State Police Request for Criminal Record Check
 - Pennsylvania Child Abuse History Clearance
- My references may be contacted by mail, telephone, or e-mail.
- 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/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.
- I give my permission for the BBBS agency to use my identifying information in agency promotional/public relations materials. This information shall be used by the organization for any agency-sponsored activity, publication, or related event. I understand that no personal history information regarding or identifying me will be used by the agency.

Applicant Signature: _____ Date: _____

(PLEASE SEE OTHER SIDE)

PARENTAL PERMISSION and REFERENCE

Your child is applying to serve as a Big Brother/Big Sister mentor in his/her school district. ***Consistency is very important!*** As a parent/legal guardian of the student named above, by signing below, you are granting permission for your child to participate in the Big Brothers Big Sisters' School-Based Mentoring program, and you:

- understand that the minimum time your child will be volunteering is one school year
- understand that your child will spend approximately one hour each week working one-on-one with an at-risk youth
- understand that you/your child is responsible for his/her transportation to and from the program
- are verifying for your child's character, reputation, and morals to be a good role model for an at-risk youth
- fully support and recommend your child's involvement and participation in the School-Based Mentoring program

Is there anything you would like to tell us about your child in relation to his/her character, reputation, and morals and the ability to mentor an elementary school student? _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

E-mail: _____

Thank you for taking the time to complete this volunteer application. You may return the form by mail or fax to the appropriate office listed above. You may also e-mail the completed form to mail@bbbslr.org.

BBBS Requirements for Social Security Numbers from Volunteer Applicants:

The primary interest in obtaining social security information from volunteer applicants is to protect the children our affiliates serve from individuals who: (1) may pose a risk to their safety and well-being; (2) may have provided a false identity; or (3) may have previously volunteered for a BBBS affiliate and were closed for safety reasons by an affiliate.

Local, state and federal law enforcement systems rely on social security numbers to: (1) uniquely identify individuals in tracking criminal activity; and (2) locate individuals in a timely way who are the subject of investigation (critically important considerations in protecting children). BBBS affiliates have a responsibility to work in coordination with law enforcement officials when an issue surrounding the safety of children arises.

BBBS Handling of Sensitive Data:

BBBS takes all reasonable physical, technical, procedural and legal steps to assure the security and privacy of affiliate information stored in our information management system (AIM). BBBS's secure handling of social security numbers relies on encryption, providing a security level equivalent to the banking industry through its service agreement with Verizon (host of our AIM servers and database).

AIM disables local caching of data in the browser, preventing the creation of copies of AIM display pages on the local hard drive. While AIM staff may view individual screens that display social security number, there are no displays or reports that allow them to make exports containing social security numbers.

If a breach occurs, we are legally required to inform participants that the security of their social security number or driver license information may have been compromised.



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VOLUNTEER REFERENCE (SCHOOL-BASED MENTORING)

Volunteer Name: _____

Your name has been given by the above individual as a reference on their application to volunteer in Big Brothers Big Sisters' School-Based Mentoring program. They are volunteering to serve as a mentor to a school-aged child, and will be screened to assure that they are well-qualified. The volunteer must: be consistently responsible and dependable; be a stable, mature individual who enjoys the friendship and company of children; and have personal characteristics that make them a good role model for a child.

Please carefully answer the following questions to the best of your knowledge. The information you share will be considered **confidential**.

1. How long have you known the applicant and in what capacity? _____
2. Describe the applicant's strong points for mentoring a child. _____

3. Do you know of any reason why the applicant may not be a good volunteer (examples: alcohol/drug problems, too many other responsibilities, lack of commitment, etc.) _____

4. What is the applicant's attitude toward education? _____

6. How does the applicant assume responsibility? (Please circle.) Excellent Good Average Poor
7. Is there anything else you would like to tell us about the applicant? _____

Signature: _____

Date: _____

Printed Name: _____

Address: _____

Home/Cell Phone: _____

Occupation: _____

E-mail: _____

Thank you for taking the time to complete this reference form. We would also like to know if you would be interested to know more about how even you can become involved with us. Could we send you some of our materials?

YES NO

Please return the form by mail or fax to the appropriate office listed above as soon as possible. You may also e-mail the completed form to mail@bbbslr.org