



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 (SCHOOL-BASED MENTORING)

Name: _____ Date of Birth: _____

Home Address: _____
Number/Street City/State Zip

Gender (circle): MALE FEMALE Marital Status: _____ Race: _____

Home Phone: _____ Cell Phone: _____

Primary E-Mail: _____ Secondary E-Mail: _____

COLLEGE STUDENT VOLUNTEERS:

Current grade level: Freshman Sophomore Junior Senior

College Address: _____
Number/Street City/State Zip

COMMUNITY/BUSINESS VOLUNTEERS:

Place of Employment: _____ Work Phone: _____

Occupation: _____ May we contact you at work? _____

Highest completed education level:

___ High School ___ High School Grad ___ Some College ___ Associate Degree
___ Bachelor's Degree ___ Master's Degree ___ PhD ___ Juris Doctorate

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? _____

(PLEASE SEE OTHER SIDE)

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
- The references I have listed above 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: _____

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.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)	(FIRST, MIDDLE, LAST)
-----------------------	-----------------------

PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP _____ CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.
2.
3.
4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. APPLICANT **IS** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____ DATE _____ VERIFIER'S SUPERVISOR _____ 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



Big Brothers Big Sisters of the Laurel Region

**106 North Main Street
Greensburg, PA 15601
www.bbbslr.org
724-837-6198 FAX 724-837-6120**

“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: _____



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 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



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 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