

Big Brothers Big Sisters of Mohave County

A Program of the Interagency Council | 1940 Mesquite Avenue, Lake Havasu City, AZ 86403
(928) 453-5800 | (928) 453-2891 fax | www.mohavebbbs.org

VOLUNTEER APPLICATION

Name: _____ Date of Birth: ____/____/____ Male Female
 First Middle Last Name

Social Security #: _____ - _____ - _____ Marital Status: _____ Ethnicity: _____

Home Address: _____ City: _____ State: AZ Zip: _____

Mailing Address (if different than above) _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Employer: _____ Employer Address: _____

Occupation: _____ How Long Employed: _____ Work Hours: _____

Can We Contact You At Work? Yes No Work Phone: () _____

Attending school? Yes No Which? College High School Grade: _____ School: _____

Have you ever been suspended or expelled from School? Yes No If Yes, Explain: _____

Are you a U. S. citizen? Yes No

If under the age of 18 please fill out the following section with your parent/guardian information:

Parent/Guardian Name: _____ Date of Birth: ____/____/____

Male/Female Marital Status: _____ Ethnicity: _____

Home Address: _____ City: _____ State: AZ Zip: _____

Mailing Address (if different than above) _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Employer: _____ Occupation: _____

Can We Contact You At Work? Yes No Work Phone: () _____

Briefly tell us why you would like to become a Big Brother/Big Sister _____

Have you ever applied before (or have been) to be a Big Brother Big Sister? Yes No

If yes, where: _____ When: _____

Please list any volunteer positions you have held or attach resume:

	Organization	Assignment	Dates of involvement
1.			
2.			
3.			
4.			

Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.

Do you have a driver's license? Yes No If yes, state of issue and #: _____ Expiration date: _____

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Have you ever been arrested? Yes No If yes, explain: _____

Have you ever been convicted of a crime (misdemeanor or felony)? Yes No If yes, explain: _____

Have you ever been treated for chemical or alcohol abuse or addiction in the past 12 months? Yes No

If yes, explain: _____

Are you interested in working with a child with a incarcerated parent(s)? Yes No

References: (Please type or print information requested for your references)

- 1- Your current or past employer who has known you for at least 1 year
- 3 – Adults who have known you for at least ONE year & who can comment on your character and/or experience with children
- 1 - School teacher or counselor who knows you well if you are still enrolled in school
- 1- Volunteers that are married, or in a committed long-term partnership, we ask that your partner serve as a reference

1.	Business Name	Name First & Last	Relation	Phone Number	Email

In Case of an Emergency who do we contact?

1.	Name First & Last	Relation	Phone Number	Address

I understand that:

- 1. The references I listed may be contacted by telephone, e-mail and/or mail;
- 2. I am in no way obligated to perform any volunteer service;
- 3. The information I 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;
- 4. The BBBS agency is not obligated to match me with a youth;
- 5. Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 6. As a part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for assignment.

Thank YOU for you interest in becoming enrolled as a Volunteer with Big Brothers Big Sisters of Mohave County.

I would like to receive Big Brothers Big Sisters of Mohave County’s Quarterly Newsletter via e-mail.

Volunteer Signature

Date

Parent/Guardian (If under the age of 18years old)

Date