



Big Brothers Big Sisters
of Muscatine County

A program of the Muscatine Community Y

Volunteer Application

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

How long have you lived in this community? _____

Cell Phone: _____ Gender: _____ Ethnicity: _____

Highest level of education: _____ Marital Status: _____

Birth Date: _____ Birth Place: _____

Employer: _____ Location: _____

Occupation: _____ E-mail Address: _____

How long at present job? _____ Can you be called at work? _____

When? _____ Work phone: _____

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? If yes, state of issue and # Expiration date:
____ Yes ____ No _____ _____

Do you have transportation available? YES NO

Languages you can speak fluently: _____

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

If yes, where and when: _____

What, if any, other youth organizations have you worked for or been involved with as a volunteer? _____

Are you experiencing any physical/mental health problems/issues for which you are receiving treatment or medication for?

YES NO (If yes, we will have you discuss during the in-person interview)

Have you ever been arrested for, charged with or convicted of a crime?

YES NO (If yes, we will have you discuss during the in-person interview)

Do you anticipate any significant life changes over the next year or have you had any in the past year?

YES NO (If yes, we will have you discuss during the in-person interview)

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

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

OVER

Please list information requested for three references: 1) your current or past employer who had known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member or a second friend who has known you for at least 3 years.

1) Employer's Name: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ Fax #: _____ E mail: _____

2) Coworker or Friend: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ Fax #: _____ E mail: _____

3) Spouse/Domestic partner/Friend: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ Fax #: _____ E mail: _____

Consent to use identifying information in agency promotional materials:

I, _____, hereby give my permission for Big Brothers Big Sisters of Muscatine County to use the following information:

- Name and photo in agency newsletter, photo album or web site
- Name and/ or photo in TV, newspaper and radio promotions

The information will be used solely for the purpose of raising public awareness and support of the program and recruiting new volunteers.

Signature of volunteer

date

I understand that:

1. The references I listed may be contacted by mail, telephone or email;
2. I am in no way obligated to perform any volunteer services;
3. The information I provide may be used to conduct a background check, to include driving records check, criminal background check, an other records where required by local, state, or federal law for volunteers working with youth;
4. The BBBS agency is not obligated to match you with a youth; and,
5. As part of our enrollment processes, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

Signature _____ Date _____