

Possession of a driver's license is required if you will be transporting a child in the BBBS program in any vehicle you are operating.

Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #: Expiration date: / /	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? (Please provide copy) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been involved with Big Brothers Big Sisters as a volunteer or employee? Yes No
 If yes, please complete reference.

Have you ever been involved with another youth organization as a volunteer or employee? Yes No
 If yes, please complete reference.

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program **or** any other youth-serving organization? Yes No
 If yes, please complete reference.

REFERENCE INFORMATION:

Please list information for **at least three** references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least **one year**, or faculty member(HS volunteers) from your school if you are a student; AND
3. A friend or neighbor you have known for at least **2 years**.

Spouse/Partner's name:		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Employer or Co-worker (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Friend, Neighbor, or other Personal Reference:				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		

In addition to the references above, Big Brothers Big Sisters requires of Berrien & Cass references from all **youth serving organizations** at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving?				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below. (*Confidentiality Policy to be provided*)
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters of Berrien & Cass, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters of Berrien & Cass. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters of Berrien & Cass program, I agree to immediately inform my Big Brothers Big Sisters of Berrien & Cass contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature _____ Date _____

Parent/Guardian Name: _____ Signature: _____ Date _____

******If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information******

I understand that no fees are charged to become a part of Big Brothers Big Sisters of Berrien & Cass, Inc., and that it is a privilege for me to be enrolled in this program. I likewise recognize that I assume no legal or financial liability with the child I may be matched with in the program.

Promotional Information Consent:

I, _____ hereby give my permission for Big Brothers Big Sisters of Berrien & Cass, Inc. to use the following information: Name (First and last name), Photograph(s), Non-Confidential Information in regards to me. That information shall be used Big Brothers Big Sisters of Berrien & Cass, Inc., their nominees and designees, from any obligation or liability otherwise owed to me in connection with any personal or proprietary right I may have as a result of the sale, reproduction, or use of the above referenced identifying information.

I may terminate this consent in writing at any time. In the event that I do not exercise my right to terminate this consent, it shall automatically expire upon the termination of my current involvement with Big Brothers Big Sisters of Berrien & Cass, Inc.

Please Select One: I give promotional consent: _____
Printed Name & Signature of Volunteer *Date*

I decline promotional consent: _____
Printed Name & Signature of Volunteer *Date*

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

Name: _____

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
Yes No
2. Do you anticipate any significant life changes over the next year or had any this past year?
Yes No

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?
Yes No
4. Have you had any driving citations and/or moving violations in the past 5 years?
Yes No
5. Do you have guns, ammunition, or other weapons in your house?
Yes No
6. Are you experiencing any physical or mental health issues?
Yes No
7. Do you speak any foreign languages?
Yes No
8. Is there anything else you'd like to tell us about yourself or any questions that you have?
9. Are there other people living in your household? Provide name, age, & relationship.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

10. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

I have answered these questions honestly and completely to the best of my knowledge.

Signature

Date

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs->Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS
OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

Child Welfare Agency Employer
 Individual I would like to pick up my results in _____ county Volunteer Agency
 Law-Enforcement/Dept of Corrections Out-of-State Adoption and Foster Home Screening
 Prosecuting Attorney/Court (please provide docket number if available) MI Other _____

Name of Employer/Volunteer Agency/Individual Big Brothers Big Sisters of Berrien and Cass Inc.	Name of CPS/Law-Enforcement or Court
Name Wendy Mangelsdorf	Title Senior Case Manager
Address P. O. Box 194,	City Niles,
Phone 269-684-1100	State Michigan
Fax 269-684-1490	Zip Code 49120
E-mail casemanager@hbhschb.org	Date 49120

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



VOLUNTEER PROFILE, QUALIFICATIONS & POLICIES (Signature Copy)

PROFILE:

Big Brothers Big Sisters is a social service program that prepares children for the future by enhancing their strengths through new experiences and friendship with qualified volunteers supported by professional staff. While the program does not discriminate on the basis of race, religion, sexual orientation or national origin, the desires of the child's parent or guardian are respected in the selection of the appropriate adult for that child.

In determining what information shall be communicated to each party involved in a prospective match, due consideration will be given to those past and present factors in the health, personality and behavior of each individual and/or family constellation which may have a significant effect upon the relationship. Relevant information will be provided, however, the names of the parties involved will not be released until a match is made. Either party has the right to refuse to enter into a match based upon the information so communicated.

Interviews designed to establish a profile of you and your interests will include questions about your family and work history, values, issues pertaining to sexuality, drug/alcohol use and previous experience with children. This profile will be used to best match you with a Little. Except for information shared with the parent or guardian of a Little, who is actively being considered for a match with you, your profile will be kept in the strictest confidence. Even then, your file will not be made available to them. Of course, prior to any assignment to a Little Brother/Sister, a similar profile of him/her and his/her family will be discussed with you to insure that your preferences will be respected.

QUALIFICATIONS:

- I. 18 years of age or older or 15-17 years of age (Site Based Program with parental approval)
- II. Display compassion & honesty towards all community members.
- III. Agree to provide **four (4) character references** which must be returned of a positive nature.
- IV. **Agree to multi-level background checks which will include Dept. of Health & Human services registry, national sex offender's registry, & Social Security verification. DMV records will be checked for the Community Program. All checks must be returned & be supportive of the applicant volunteering.**
- V. Agree to spend quality time with their Little as per the program recommendations.

POLICIES:

- I. *In reference to qualification II & IV we could:*
 - A. Deny, terminate or suspend the assignment of any applicant or volunteer who abuses or misuses any drug, chemical or intoxicant.
 - B. Deny, terminate or suspend the assignment of any applicant or volunteer in violation (or suspected to be in violation) of any law, statute or ordinance.
 - C. Deny, terminate or suspend the assignment of any applicant or volunteer whose personal life conflicts or interferes with the goals or aims of this corporation.
- II. It is the policy of Big Brothers Big Sisters of Berrien & Cass, Inc. that the application of a Big Brother or Big Sister, in the special cases listed below, will require additional qualifications over and above the normal screening qualifications:
 - A. Any potential volunteer in recovery must be clean and sober for at least 24 months. He/she will continue maintaining their sobriety and working their program which may include attending AA meetings, reports from their sponsor and/or Doctor/Addictions Counselor to verify they are in compliance and that they are continuing their sobriety. The Director is to inform and must have the approval of

the parent/guardian, and the Little Brother/Little Sister (when appropriate) of the volunteer's status before that match is made.

- B. Any potential volunteer in recovery from drug use must be clean for at least 5 years. He/she will continue maintaining their sobriety and working their program which may include attending NA meetings, reports from their sponsor and/or Doctor/Addictions Counselor to verify they are in compliance and that they are continuing their sobriety. The Director is to inform and must have the approval of the parent/guardian, and the Little Brother/Little Sister (when appropriate) of the volunteer's status before that match is made.

C. *Criminal:*

1. **All cases of assault disqualify applicant.**
2. Property Crimes
 - a. Convicted felons are disqualified.
 - b. More than two (2) arrests for drinking, negligence, or recklessness while driving disqualifies.
 - c. Up to one (1) year in prison & must have no further record for at least ten (10) years.
 - d. Over one (1) year in prison disqualifies.

III. *Cross Gender matching* is done upon the request of a parent or recommendation of a professional, where the match is made between an adult and child of the opposite sex (*Site Based Program Only*)

IV. *The applicant acknowledges that:*

- A. He/she is not obligated to become a Big Brother or Big Sister.
- B. The agency is not obligated to assign or actively seek to assign the applicant to a child.
- C. The agency establishes a profile of the applicant and his/her interests. The agency bases its decision of acceptability upon objective and subjective criteria. The ultimate decision to accept or reject a volunteer is within the complete discretion of the agency and the agency need not give the prospective volunteer its reasons for non-acceptance.

V. An applicant may request a hearing, if rejected, by using the following steps:

- A. Request for a hearing must be made, in writing, within ten (10) days following a notice of rejection/termination. All requests will be made to the Director for all steps.
- B. The Director shall set a hearing no later than ten (10) days following receipt of request and shall have five (5) days to render a decision.
- C. Should the volunteer disagree with the decision of the Director, the volunteer may request a hearing of the Screening Committee, within five (5) days of completion of step B. The Screening Committee shall have five (5) days to render their decision.
- D. Should the volunteer disagree with the decision of the Screening Committee, the volunteer may request a review of the Board of Directors. This request shall be made within five (5) days following the decision of the Screening Committee. The Board of Directors shall have thirty (30) days to render a decision, which shall be final.

VI. If selected for the Big Brothers Big Sisters program, the recommended level of interaction is 10 or more hours/month (Community Based Program) & 1 time a week (Site Based Program) for *at least* one (1) year with the matched child.

VII. *All applicants and volunteers shall be given a copy of the Profile, Qualifications, and Policies.*

Signature _____

Date _____