

Big Brothers & Sisters of  
Warren and Clinton Counties, Inc.



**Application: Big Brother/Sister**  
Community Based Mentoring Program

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tele: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Marital Status: Please circle one: Single Married Committed Relationship Divorced Widowed

Highest Level of Education: \_\_\_\_\_

How long have you lived in Warren County? \_\_\_\_\_

Please list names of others living in your home, and their relationship to you:

Name:	Relationship:
_____	_____
_____	_____
_____	_____

Your Occupation/Business: \_\_\_\_\_

May we contact you at work? Yes/No If yes: ( ) \_\_\_\_\_

How long have you been employed at this place of business? \_\_\_\_\_

Have you ever volunteered as a Big Brother/Sister for any other agency before? Yes/No  
If yes, please provide name of agency: \_\_\_\_\_

Do you have a physical or mental condition which may limit your ability to serve as a Big Brother/Sister? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Can you commit to the minimum standard of spending 2-4 hours a week/12 hours a month with a Little Brother/Sister, for at least one year? Yes \_\_\_ No \_\_\_

Do you object to the Agency checking with appropriate public authorities (Sheriff's Dept., Mental Health, Bureau of Motor Vehicles, etc.) for matters of public record regarding your background/history? Yes \_\_\_\_ No \_\_\_\_

**How did you hear about the Big Brothers/Sisters Program?**

Newspaper Ad \_\_\_\_ Newspaper Article \_\_\_\_ Website \_\_\_\_ Brochure \_\_\_\_ Friend \_\_\_\_  
Fund Raising Event \_\_\_\_ School/Company Visit \_\_\_\_ Know someone in program \_\_\_\_  
Other \_\_\_\_ If other, please specify: \_\_\_\_\_

*For Statistical Purposes Only:*

Gender (male/female) \_\_\_\_\_ Race \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

**Volunteer Policy and Profile**

*Big Brothers & Sisters is a social service program designed to help children who have shown a need for a strong relationship with an interested adult. While the program is interfaith and interracial, the desires of the child's parent/guardian are respected in the selection of the appropriate adult for each child.*

*In determining whether an applicant may be considered for a match relationship and what information shall be communicated to each party involved in any perspective match regarding the other, due consideration must be given to those past and present factors in the health, personality and behavior of each individual and/or family constellation which professional Agency staff deem under the circumstances, may have a significant effect up the relationship, and which, if revealed at a later day, might effect it adversely. Relevant information shall be provided; however, the name or names of the parties described shall be held confidential before the match is made. Any party has the right to refuse to enter into the match based upon the information so communicated.*

*The assessment interviews are designed to establish a profile of you and your interest. This profile will be used by the Agency to determine your stability and suitability for service and if it is deemed by the professional staff and/or governing Board of the Agency that you are suitable, to best match you with a Little Brother/Sister. Except for parents/guardians with a direct responsibility for a Little Brother/Sister who has been pre-screened and is actively being considered for a match with you, all elements of your profile will be kept in the strictest confidence. All information is confidential within the authorized Agency individuals.*

*Of course, prior to a match relationship with a Little Brother/Sister, a similar profile of him/her and his/her family will be discussed with you to insure that your interests are respected.*

*The undersigned acknowledges that (i) s/he is not obligated, if called up to perform the volunteer services herein for, and that the Agency is not obligated to assign, or actively seek to assign, him/her a Little Brother/Sister and (ii) as a part of the Agency's assessment process, additional personal information will be elicited from the applicant by professional Agency staff and (iii) s/he agrees to these conditions and procedures.*

\_\_\_\_\_  
Signature of Big Brother/Sister Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Big Brother/Sister Applicant

**References:**

*Please provide contact information for four (4) persons who can speak to your reputation, character, and morals. Reference must have known you for at least one year (include an employer, if possible). **Please do not use relatives.***

1. **Name:** \_\_\_\_\_ Tele: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_

2. **Name:** \_\_\_\_\_ Tele: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_

3. **Name:** \_\_\_\_\_ Tele: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_

4. **Name:** \_\_\_\_\_ Tele: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes/No

If yes, please explain: \_\_\_\_\_

**Automobile Insurance Verification:**

As a Big Brother/Sister, it is imperative you have an automobile. We are required by our insurance agent to verify auto insurance coverage on all of our volunteers. Your automobile must have (at least) state minimum liability insurance that will cover any passengers in case of an emergency. Please provide the following information for verification (or attach copy of ID card).

Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Tele: (    ) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date of verbal verification at insurance agency: \_\_\_\_\_

Name of person spoken with at insurance agency: \_\_\_\_\_

Name of staff who verified insurance: \_\_\_\_\_

**Please send completed application to:**

Please mail to:  
Big Brothers & Sisters of  
Warren and Clinton Counties, Inc.  
777 Columbus Ave., Suite 6  
Lebanon, OH 45036

Or Fax:  
513.932.9385

Other:  
Tele: 513.932.3966  
Web: [bbbswarren.org](http://bbbswarren.org)  
e-mail: [bbwar1@go-concepts.com](mailto:bbwar1@go-concepts.com)