

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



**Application: Big Brother/Sister (Adult)**  
School 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? \_\_\_\_\_

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

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: \_\_\_\_\_

Why do you want to be a Big Brother/Big Sister? \_\_\_\_\_

\_\_\_\_\_

Prior volunteer experience (include also with children) \_\_\_\_\_

Do you anticipate changes in residence status in the next year? Yes No

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

General health \_\_\_\_\_

Physical limitations \_\_\_\_\_

Organizations in which you belong (fraternity, civic, religious, athletic) \_\_\_\_\_

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, date \_\_\_\_\_

Explain \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If so, please explain: \_\_\_\_\_

**Please list two references** that have known you for more than one year. Print complete names, addresses, telephone numbers, and relationship to you. These are people whom you authorize us to contact, and who would evaluate your qualifications as a volunteer. **Please do not use relatives.**

1. Name: \_\_\_\_\_ Tele: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Tele: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Big Brother/Sister Mentor Agreement**

*As a potential Big Brother/Sister for the School Based Mentoring Program,  
I understand and agree to the following:*

- To be on time for the school based program.
- To notify the agency if I am unable to keep my weekly program commitment.
- To engage in my relationship with my Little Brother/Sister with an open mind.
- To accept assistance from my Little Brother/Sister's teacher.
- To keep discussions with my Little Brother/Sister confidential.
- To ask for assistance when I need help with my Little Brother/Sister from agency staff.
- To notify the agency of changes in my employment, address, and/or phone number.
- The BBBS agency is not obligated to match me with a youth.
- As part of the enrollment processes, I will be asked to provide additional personal information prior to making any recommendations for a match relationship.

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

\_\_\_\_\_  
Date

**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)