



VOLUNTEER APPLICATION

Program Interest: Community Based – Volunteer must be 19 years or older
 School Based – Volunteer must be 16 years or older

First Name:		Middle Name:		Last Name:		Date of Birth:		
Local Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:		
Social Security #:	Male	Female	Ethnicity:		Marital Status:		Highest Level of Education:	
Employer:				Occupation:				
Address:			City:		State:		Zip:	
<u>Can We Contact You At Work:</u> ____ Yes ____ No		<u>Work Hours:</u>			<u>How Long Employed:</u>			
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.								
<u>Do you have a driver's license?</u> ____ Yes ____ No		<u>If yes, state of issue and #</u>			<u>Expiration date:</u>			

REFERENCES

Please list four references who have known you for more than a year and at least two who **have observed you around children**. Please print their name, telephone numbers (daytime, cell, etc.), and their relationship to you. Please include the following: a family member, a supervisor/teacher/professor, a friend and a fourth reference of your choosing. **Do not include more than one family member.**

1. Name:		Day Phone #:		Cell Phone #:		Other Phone #:	
Relationship to Volunteer:				Email Address:			
2. Name:		Day Phone #:		Cell Phone #:		Other Phone #:	
Relationship to Volunteer:				Email Address:			
3. Name:		Day Phone #:		Cell Phone #:		Other Phone #:	
Relationship to Volunteer:				Email Address:			
4. Name:		Day Phone #:		Cell Phone #:		Other Phone #:	
Relationship to Volunteer:				Email Address:			
Have you ever applied to be, or been a Big Brother or Big Sister? Yes No				Where and When:			
Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? Yes No				Where and When:			
Would you be interesting in serving with our Amachi/Mentoring Children of Prisoners program (Community-based only)? Yes No							
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							
How did you hear about our program?							



Big Brothers Big Sisters
of East Tennessee

4928 Homberg Drive, Suite B3
Knoxville, TN 37918
Office: (865) 523-2179
Fax: (865) 524-3466

220 Broad Street, Suite 203
Kingsport, TN 37660
Office: (423) 247-3240
Fax: (423) 247-3241

info@bbbsetn.org

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 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 part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Signature

Date

Applicant Disclosure and Release

Read and complete the following:

1. In connection with my application for employment or volunteer work, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, education, credentials, credit, criminal history records and references.
2. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to potential employment, before making the adverse decision, the employer will provide me with a copy of the consumer report and a description in writing of my rights under the federal Fair Credit Reporting Act.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. By my signature below, I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **Wilson Resource Associates, Inc.** or its consumer reporting agencies, to furnish the information described in Section 1.

If you live in the States of **California, Minnesota or Oklahoma** your State laws requires you be aware that you are entitled to a copy of the Trans Union Credit report that will be requested by the employer. Please check the box if you want a copy of the credit report sent to you by Trans Union. Yes, I would like a copy sent to me. Please check to receive.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print your full name			Dates used
Please print other names you have used			Dates used
Present address	City	State & Zip Code	How long at this address
First Prior address	City	State & Zip Code	How long at this address
Second Prior address	City	State & Zip Code	How long at this address
Third Prior address	City	State & Zip Code	How long at this address
Fourth Prior address	City	State & Zip Code	How long at this address
Social Security Number		Date of Birth	
Driver's License Number	State Issuing License	Name as it appears on license	
Signature		Today's Date	



**Wilson
Resource
Associates**

865-675-9961
865-671-1588 (FAX)
PMB 192 11130 Kingston Pike
Knoxville, TN 37922

U.S. Cellular
*has provided a generous grant to
Big Brothers Big Sisters of East Tennessee to
cover the background check costs.*