

Big ID# _____



Big Brothers Big Sisters
of San Luis Obispo County

Attach Photo Here

Volunteer Application: School-Based Bigs

Volunteer Information		Male _____	Female _____
Name:		Date of Birth: _____/_____/_____	
Home Address:		Apt/Unit:	
City:	State:	Zip Code:	
Cell Phone: () -		Home Phone: () -	
Email:			
Ethnicity (Check one): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Other			
Grade:	School:	Dismissal Time:	
Student ID#:		Age:	
Have you ever applied to be a Big Brother/Big Sister Before?		If yes, where?	
How were you referred to Big Brothers Big Sisters of SLO County?			
Parent/Guardian Information			
Mother's/Guardian Name:		Cell Phone: () -	
Father's Name:		Cell Phone: () -	
Emergency Contact (other than parent)			
Name:		Relationship to you:	
Home Phone: () -		Cell Phone: () -	
References (MUST include 2)			
Parent, Teacher, or other Adult who knows you well		Friend	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	

Questions about the program or application?

Sheena@slobigs.org

Office: (805)781-3226 ext 16

Text: (805) 242-2084

Big ID# _____



Big Brothers Big Sisters
of San Luis Obispo County

Additional Volunteer Information

Please mark boxes indicating any of the following health conditions:

Asthma _____ Diabetes _____ Seizures _____ Other _____

Allergies _____ List Allergies: _____

List any medications you take (ex. Epipen, Inhaler):

Consent and Release Form

1. I hereby give consent to Big Brothers Big Sisters of San Luis Obispo County to use photographs and/or stories about my participation in the Big Brothers Big Sisters Program, in their public relations and publicity activities.
2. I authorize Big Brothers Big Sisters of San Luis Obispo County to obtain medical and/or surgical treatment in case of illness, accident, or any situation that may arise. These medical services are to be performed by _____ or in his/her absence, any licensed medical doctor. I further state that I will not hold Big Brothers Big Sisters of San Luis Obispo County liable in case of illness, accident, or emergency situation.
3. I understand that all the information obtained through the enrollment process is the sole property of Big Brothers Big Sisters of San Luis Obispo County and that I relinquish my rights to access this information.
4. I understand that if I am not accepted into the program, I will not be provided with an explanation.
5. I understand that if I am accepted into the program, at least one full year commitment is required. If I do not uphold this commitment without a valid reason, I understand that I am not eligible to receive credit for service hours already completed.
6. I understand that Big Brothers Big Sisters has the right to conduct public domain search (ie: social media) and can accept or deny service based on the search findings.
7. I attest that all the information provided on this enrollment form is to the best of my knowledge true and accurate and that I fully understand all the questions and statements herein.

Parents Section

I, _____ give permission for my child to participate in the Big Brothers Big Sisters of San Luis Obispo County High School Bigs Program. I have read and agree to the above consents/ releases.

I give permission for Big Brothers Big Sisters staff to talk with my child about personal safety.

Participant's Signature

Date

Parent's Signature

Date

Parent's Printed Name

Big ID# _____



Big Brothers Big Sisters
of San Luis Obispo County

Consent and Release Form

Please initial one of the two boxes below and sign the bottom of the form

Yes

_____ (init.) I hereby accept the invitation of Big Brothers Big Sisters of San Luis Obispo County to appear and be identified in print in any Big Brothers Big Sisters of San Luis Obispo County publication or production, or grant the right to use the image of the minor child as specified below.

I hereby grant to Big Brothers Big Sisters of San Luis Obispo County and its affiliates the right to use this image, name, and biographical information as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography and recordings. Examples include, but are not limited to, print news media, televised news media, promotional print media and website.

In consideration of \$0 to me paint, I hereby grant to Big Brothers Big Sisters of San Luis Obispo County and its affiliates the absolute right to use this image made through Big Brothers Big Sisters of San Luis Obispo County studios or elsewhere, in whole or in part, in true or distorted character or form, alone or in conjunction with any other image, name or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuum.

I hereby release Big Brothers Big Sisters of San Luis Obispo County and its affiliates from all claims, demands or liabilities and related financial costs that may now or hereafter have arising in connection with Big Brothers Big Sisters of San Luis Obispo County exercise of the right hereby granted, with my (or minor child's) appearance in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

No

_____ (init.) I do not grant Big Brothers Big Sisters of San Luis Obispo County the right to use the image of the minor child as specified above.

Participant's Signature

Date

Parent's Signature

Date

Parent's Printed Name

Big ID# _____



Big Brothers Big Sisters
of San Luis Obispo County

Program Guidelines and Ground Rules

Please initial next to each Guideline and Rule.

____ You and your Little will meet for one hour from 3:30 to 4:30 on the designated match days once a week beginning in early October and ending the first week of June. You will not meet during Holiday breaks. This is a full commitment due to the effects it can have on Littles. Please let us know ahead of time of things that may interfere with this. (ie sports, jobs, and clubs)

____ The relationship with your Little is one on one relationship. Though at times you may be interacting with another match, your primary focus should be on your Little. Please do not bring friends with you to your meetings with you Little, unless they are in the program or you are referring them to the program.

____ ***There are NO SECRETS allowed at Big Brothers Big Sisters.*** This is a way to protect the Little and yourselves. If your Little tells you a secret, please be aware that you are responsible for telling a staff member immediately if it regards child safety.

____ You are responsible for immediately reporting to a Big Brothers Big Sisters staff member any suspicion of neglect, abuse, and/or illegal activities disclosed to you by your Little. After you have talked to a staff member, we will report it from there. Do not pry or ask the Little any extra questions. It is not your job to have proof of any wrong doing.

____ ALL CONTACT BETWEEN BIG AND LITTLE MUST BE RESTRICTED TO SCHOOL GROUNDS. You are not to exchange phone numbers or any contact information with your Little or his/her parents. You are not to meet outside of school, even with adult supervision.

____ You are not to discuss with your Little topics that might be inappropriate such as drugs, partying, sex, etc. Use your common sense and if in doubt, ask.

____ If you are going to be absent, you must contact the School-Based Specialist and inform them. Also please send a note with another Big for your Little. To get full credit for your service hours, you cannot be absent more than 5 times. If there is an issue going on, please contact Big Brothers Big Sister staff immediately, we're here to help all program participants in the program.

____ Keep in regular contact with Big Brothers Big Sisters staff about the progress of your match. We need to speak with you about your relationship with your Little at least once a month. If a problem or question arises, please contact us about it right away, you do not need to wait for us to do a check in.

Participant's Signature

Date

Big ID# _____



Big Brothers Big Sisters
of San Luis Obispo County

Volunteer Pre-Interview

Volunteer Name: _____ Date of Birth: _____

Please Select from One of the Following:

- Wednesdays, 3:30-4:30, Del Mar Elementary School, Morro Bay
- Thursdays, 3:30-4:30, Sinsheimer Elementary School, San Luis Obispo
- Fridays, 3:30-4:30, Nipomo Elementary, Nipomo

1. Please circle the one that best describes you:

A person who enjoys watching events A person who participates in events Both

2. Are you experiencing any physical or mental health problems? *If yes, we will further discuss during the in-person interview*

Yes _____ No _____

3. Have you ever been arrested, charged, or convicted of a crime? *If yes, we will further discuss during the in-person interview*

Yes _____ No _____

4. How long have you lived in the area: _____ years _____ months

5. Do you anticipate any significant life changes over the next year or have you had any in the past year? *If yes, we will further discuss during the in-person interview*

Yes _____ No _____

6. Do you speak any foreign languages?

Yes _____ No _____

7. Day of the week/time available to volunteer? _____

8. Do you have transportation available to your selected site?

Yes _____ No _____

Big ID# _____



Big Brothers Big Sisters
of San Luis Obispo County

Parent/Guardian Reference (*Confidential*)

Volunteer Name: _____

Your son or daughter has applied to be a volunteer mentor working with elementary school students as a Big Brother or Big Sister. S/he will participate at the elementary school once a week at their designated site from 3:30 to 4:30 every week for the remainder of the school year.

Please provide an honest recommendation as it is an important part of the application process. We will regard the information you provide us as confidential. Your prompt completion of this form is greatly appreciated and will enable us to speedily complete enrollment process and match this student with a "Little" as soon as we find a suitable match. Thank you for your cooperation.

Parents and/or Guardians: Please read the above paragraph and complete the rest of the form

Your Name:	Date:		
How would you describe how the applicant relates to other youth in general?			
Based on your knowledge, describe the applicant's friendships: (Check all that apply)			
<input type="radio"/> Many friends-loyal	<input type="radio"/> Many friends-constantly changing		
<input type="radio"/> Few friends-loyal	<input type="radio"/> No friends <input type="radio"/> Other:		
Please list or describe some of the applicant's strengths:			
Please list or describe some of the applicant's weaknesses:			
Which of the following describes the applicant's interactions with his/her peers:			
<input type="radio"/> Interacts well	<input type="radio"/> Discreet w/others	<input type="radio"/> Good communicator	<input type="radio"/> Accepting
<input type="radio"/> Isolating	<input type="radio"/> Consistent	<input type="radio"/> Creates conflict	<input type="radio"/> Supporting
<input type="radio"/> Domineering	<input type="radio"/> Judgmental	<input type="radio"/> Respected	<input type="radio"/> Moody
Do you consider the applicant to be emotionally stable?		<input type="radio"/> Yes	<input type="radio"/> No
If no, please explain:			
To the best of your knowledge, would this applicant serve well as a volunteer?			
<input type="radio"/> Yes	<input type="radio"/> No	If no, please explain:	
To the best of your knowledge, has the applicant ever been convicted of a crime?			
<input type="radio"/> Yes	<input type="radio"/> No	If no, please explain:	

Big ID# _____

To the best of your knowledge, does the applicant have, or has in the past, a problem with alcohol or drugs? <input type="radio"/> Yes <input type="radio"/> No If no, please explain:
Do you believe that the applicant is in a position to make a commitment to meet with a child weekly for a complete school year? <input type="radio"/> Yes <input type="radio"/> No
Would you feel comfortable having the applicant as a Big Brother/Big Sister for your other child/nephews/nieces/etc? <input type="radio"/> Yes <input type="radio"/> No

Please use the space below to write anything we should know about the applicant:

Thank you for taking the time to fill out this reference form. Please sign below to ensure that the information provided above is true to the best of your knowledge.

Signature of Parent or Guardian

Fecha

Printed Name of Parent or Guardian

Telephone you can be reached at

Big ID# _____

To the best of your knowledge, does the applicant have, or has in the past, a problem with alcohol or drugs? <input type="radio"/> Yes <input type="radio"/> No If no, please explain:
Do you believe that the applicant is in a position to make a commitment to meet with a child weekly for a complete school year? <input type="radio"/> Yes <input type="radio"/> No
Would you feel comfortable having the applicant as a Big Brother/Big Sister for your other child/nephews/nieces/etc? <input type="radio"/> Yes <input type="radio"/> No

Please use the space below to write anything we should know about the applicant:

Thank you for taking the time to fill out this reference form. Please sign below to ensure that the information provided above is true to the best of your knowledge.

Peer Signature

Date

Printed Name of Peer

Telephone you can be reached at