



**Big Brothers Big Sisters**  
of Central Ohio



### VOLUNTEER MENTOR APPLICATION

(Please fill out completely using **blue or black ink**. All information is confidential.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Can you be contacted at work? \_\_\_\_\_ Time of day available: \_\_\_\_\_

Do you speak another language? Yes  No  Language? \_\_\_\_\_ What level? \_\_\_\_\_

Please list days and times you are available to volunteer: \_\_\_\_\_

How did you hear about Big Brothers Big Sisters of Central Ohio? \_\_\_\_\_

Have you previously mentored a youth through a formal mentoring program? Yes  No

If yes, Where? \_\_\_\_\_

In the event of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**References**

Please list the complete names, daytime phone numbers, and email addresses of two individuals who can vouch for your reputation, character, morals, and experience working with youth. **The references must have known you for at least one year and only one can be a relative.**

Name	Daytime Phone Number	E-Mail Address

**(Please Read and Sign)**  
**VOLUNTEER POLICY**

The undersigned acknowledges and agrees that:

1. I agree to limit my participation in this Big Brothers Big Sisters of Central Ohio school-based mentoring program to activities outlined in the Program Guidelines. If I would like to extend my mentoring relationship beyond the Program Guidelines, I understand that I must contact the Big Brothers Big Sisters representative in this program to discuss my interest and to complete any additional screening procedures that may be required.
2. I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other person, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested to Big Brothers Big Sisters of Central Ohio and/or its agents or representatives at any time during my volunteer service. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.
3. I consent to the use of identifying information in print, video, films and photographs for program purposes, or publicity/promotion by Big Brothers Big Sisters of Central Ohio or their authorized partners.
4. Big Brothers Big Sisters of Central Ohio reserves the right to reject a candidate for any reason that the association, in its sole judgment, determines will or may affect either the best interests of the children/youth or Big Brothers Big Sisters of Central Ohio. Furthermore, Big Brothers Big Sisters of Central Ohio reserves the right to withhold the reason(s) for such refusal.
5. I understand that I must immediately disclose any arrests, known criminal investigations, convictions, license suspensions, and/or moving violations occurring from this point forward and for the duration of my involvement with Big Brothers Big Sisters of Central Ohio. Failure to do so may jeopardize any existing match and all program involvement.

A copy of this release is acceptable in lieu of the original.

The undersigned expressly agrees to the above stated conditions in applying as a volunteer with Big Brothers Big Sisters of Central Ohio.

**Background Check Information**

SSN#: _____ Birth date: _____ Maiden Name/Other names used: _____		
Permanent Address: _____ City _____ State _____ Zip _____		
Telephone Number (_____) _____		
<b>Please list the counties and states in which you have lived, attended school, and/or worked for the past seven years:</b> (continue on back if more than five)		
<b>County</b>	<b>State</b>	<b>How long</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Legal Name (please print legibly): \_\_\_\_\_

Please return this completed application by mail to: 1855 E. Dublin-Granville Road, Columbus, 43229  
or by fax: 614-839-4770

*Thank you for your time and interest in the Big Brothers Big Sisters Program!*

