



Big Brothers Big Sisters
of Atlantic & Cape May Counties

450 Tilton Road, Suite 214, Northfield, NJ 08225 * 609-573-5029*

VOLUNTEER PRE-ENROLLMENT

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

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 year; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):				Supervisor's Name (or teacher if a student):			
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
2. Coworker or Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
3. Spouse/Domestic Partner/Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No					Where and When:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							

I understand and agree 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 that are required by local, state, or federal law for volunteers working with youth;
- 4) The background check fee is non-refundable.(\$25.00)
- 5) The BBBS agency is not obligated to match you with a youth; and,
- 6) As part of our enrollment processes, we will be asking you to provide additional personal information prior to make any recommendations for assignment.
- 7) I give permission to allow my photograph and the name to be connected with the Big Brothers Big Sisters Program and be used in press releases and other promotional advertisements.
- 8) PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND CAR INSURANCE CARD.

Signature

Date



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Volunteer Statement of Understanding

In submitting this application to become a Big Brothers Big Sisters Volunteer I understand that:

- I am not automatically accepted into any of the BBBS mentoring programs. Acceptance into a program will be determined by the BBBS Enrollment Specialist based on program/agency criteria and information obtained from my application, interview, background check, personal and employer references and any other relevant sources.
- In order to ensure the highest standards in the volunteer selection process, a policy of confidentiality is maintained for all sources providing information about the applicant. A decision which results in a rejection will therefore not be explained nor is an appeal process available.
- If accepted, there is no guarantee that a Little Brother/Little Sister will be found for me.
- If a potential Little Brother/Little Sister does become available, general information will be provided to me about him/her before any Match is made.
- Only pertinent information from my file will also be shared with my potential Little Brother/Little Sister and the parent/guardian. Information will be shared on a first name basis only, until a Match has been agreed upon.
- I am in no way obligated to be matched to any proposed Little Brother/Little Sister and will only be matched to a child that I have approved.
- BBBS does not discriminate nor exclude children or volunteers on the basis of race, religion, national origin, gender, sexual orientation, veteran status, disability or marital status of the parent.
- I hereby release BBBS from any and all claims for injuries to myself, and any and all expenses of losses, which may occur while engaged in Match Activities.

Signature: _____ Date: _____

Print Name: _____



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Background Check Form

Last Name	First Name	Middle Name	Maiden Name Or Other Names Used	
Date of Birth	Social Security #	Marital Status	Name of Spouse	Telephone #

Home Addresses for the Last 7 Years (list current address first)

1. _____ County _____
From (years) _____ To _____
2. _____ County _____
From (years) _____ To _____
3. _____ County _____
From (years) _____ To _____
4. _____ County _____
From (years) _____ To _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No
If yes, give details including dates and locations. _____

I certify that all statements herein are complete and correct and agree that (A) former employers, colleges and universities are authorized to furnish information concerning this applicant and are released for all liability for furnishing such information (B) that I may be checked through P.S.I., including a request to the department of motor vehicles, division of drivers licenses, for a list of all violation of the motor vehicle code (C) that any misrepresentation of omission made by me in this application or any supplement hereto will be sufficient ground to immediate termination. I hereby authorize the addressed police departments and courthouses to furnish P.S.I. any criminal or traffic information they may have on record or otherwise, and do hereby release the addressed institution and all individuals connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Applicant's Signature Date



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Reference: Background Checks

Dear Volunteer:

Big Brothers Big Sisters of Atlantic and Cape May Counties requires background screenings on our volunteers. As you are aware, these screenings are a necessary procedure in processing volunteers as part of the National BBBS Guidelines. Following these guidelines offers assurances that the youth are receiving the most appropriate mentors who offer them leadership and structure.

We are now utilizing Personal Security Incorporated, a for-profit provider agency who can provide an in depth national background check for each volunteer. Unfortunately, we must ask you to fund the screening-processing fee. We ask that all volunteers receive a Criminal Record Check at the cost of twenty-five dollars (\$25.00). Of course we would not ask you to take on this responsibility if it were not necessary. If in any way this is a financial hardship, please do not worry. We need our volunteers time and will pull from other funding resources to process your background check. Please make your check or money order out to Big Brothers Big Sisters.

The agency wishes to thank you for your understanding in this matter.

Sincerely,

Robert Loefflad
Board Chair
Big Brothers Big Sisters of Atlantic and Cape May Counties

Big Brothers Big Sisters Of Atlantic and Cape May Counties Confidentiality Policy

Access to Confidential Records

In order for Big Brothers Big Sisters of New Jersey to provide a responsible and professional service to clients, it is necessary for volunteers, clients, and parents/guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below, will share information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records, but extends to video, film, photos, or use of clients or volunteers name in agency publications.

All records are considered the property of the agency, not the agency workers, clients or volunteers themselves. In order to provide a service, which is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the clients or volunteers themselves. Records are not available for review by the clients, parents/guardians or volunteers. Volunteers and parents/guardians of clients shall be provided, at the time of the application, a copy of this statement on confidentiality along with the exceptions, which define the limits of confidentiality. Volunteers and parents/guardians of clients shall sign the statement that he/she has read and understands the agency policy on confidentiality and agrees to the program participation under the guidelines it sets forth.

Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the parent/guardian of client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the parent/guardian of client or volunteers has given permission.
3. For the purpose of the evaluation, audit, or accreditation, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purposes stated. Known violations of agency confidentiality policy will be reported to the supervisor or the individual involved and appropriate disciplinary action shall be requested.

4. Information shall be only provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
5. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law information.
6. NJ State law mandated that suspected child abuse be reported to the NJ Department of Human Services, Division of Youth and Family Services.
7. If the agency has reason to believe that a client (or family member of the client) or volunteer may be dangerous to himself or herself or others, necessary steps will be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.
8. Your name and information about you and your family will not be shared with a perspective match partner without your prior consent.

I have read and understand the above document stating the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

Parent/Guardian/Volunteer Signatures

Date

**Consent to Share and Agreement to Protect
The Confidentiality of Match Information**

I agree that a summary of information, prepared by Big Brothers Big Sisters will be shared with my potential Little Brother/Little Sister and his/her family. I understand that no identifying information will be given until after both parties agree on the Match.

The information to be shared may include: age, race, religion, interests, hobbies, family living information, and expectations for match participation

I agree to keep all information discussed with me regarding the individuals involved in the Match confidential. I will not discuss this information with any person other than the assigned professional staff of Big Brothers Big Sisters.

Parent/Guardian/Volunteer

Date