



BIG BROTHERS BIG SISTERS OF THE LAUREL REGION

106 North Main Street, Greensburg, PA 15601 Phone: 724-837-6198 Fax: 724-837-6120
65 West Main Street, Uniontown, PA 15401 Phone: 724-439-8055

BIG BROTHER/BIG SISTER APPLICATION

Name: _____ Date of Birth: _____

Home Address: _____
Number/Street *City/State* *Zip*

Social Security Number: _____

Gender: _____ Marital Status: _____ Ethnicity: _____

Primary Phone: (home/cell) _____ Alternate Phone: (home/cell) _____

Best Time(s) and Day(s) to Call: _____

Primary E-Mail: _____ Secondary E-Mail: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

If in college:

Name of School: _____

Current grade level: Freshman Sophomore Junior Senior

If live on campus, address: _____
Number/Street *City/State* *Zip*

If employed:

Place of Employment: _____ Work Phone: _____

Occupation: _____ May we contact you at work? _____

Highest completed education level:

____ High School ____ High School Grad ____ Some College ____ Associate Degree
____ Bachelor's Degree ____ Master's Degree ____ PhD ____ Juris Doctorate

Have you ever been/applied to be a Big Brother/Big Sister? (If 'yes', please list agency/county/state): _____

How did you hear about our agency? _____

Do you know anyone involved with our agency? (If 'yes', please list person/relationship): _____

Can you commit to meeting with a child for at least two years? _____

Do you anticipate any major changes in your life in the next 2 years? (Job, residence, marital status, graduation, etc.) _____

Are you volunteering for Community-Based Mentoring or School- Based Mentoring? _____

Community-Based Mentoring Only:

BBBSLR will consider two individuals as co-mentors when they wish to be matched to one child. Are you interested in this? (please circle) YES NO

School-Based Mentoring Only:

Intended Program: (please circle) Breakfast Buddies Lunch Buddies Tutoring Read to Succeed

Intended Program Site: (name of school district/elementary school) _____

Days and Times of Availability: (please make allowances for travel time) _____

Can you meet with a child weekly during the entire school year? YES NO

If NO (above), what activities are in conflict with this program? _____

Please read and sign that you acknowledge and agree:

1. My acceptance as a BBBS Mentor is pending outcomes from required clearances/background checks, and I understand that BBBS will update these every three years.
 - Pennsylvania State Police Request for Criminal Record Check
 - Pennsylvania Child Abuse History Clearance
 - FBI clearance
 - DMV clearance for Community-Based Mentoring program
2. I must have a minimum of 2 references.
 - The references must include:
 - Spouse/spousal equivalent or family member if no spouse/spousal equivalent is available
 - Work/school and/or personal
 - My references may be contacted by mail, telephone, or e-mail.
 - If I have had volunteer/paid experience with a youth serving agency within the last 5 years, I will provide contact information so that they can provide a reference.
 - I must have known my references for one year or more.
3. The BBBS agency is not required to match me with a youth.
4. This application becomes property of the BBBS agency, and that in the event of denial of program participation, reason for denial need not be given.
5. As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendation for assignment. The information I have provided may be used to conduct background checks, and other records as required
 - If accepted into the program, I consent to the disclosure of relevant information for potential matches.
 - I agree to keep information disclosed to me about my match confidential.
6. **Public Relations Release:** I give my permission for the BBBS agency to use my identifying information in agency promotional/public relations materials. This information shall be used by the organization for any agency-sponsored activity, publication, or related event. I understand that no personal history information regarding or identifying me will be used by the agency.
7. **For School-Based Mentoring only:** I may exchange telephone numbers/address with my Little to encourage contact during the summer. **UNDER NO CIRCUMSTANCES ARE VOLUNTEERS AND CHILDREN TO HAVE PHYSICAL CONTACT OUTSIDE OF THE SCHOOL SETTING.**

Applicant Signature: _____

Date: _____

*Please return the form by mail or fax to the Greensburg office listed above as soon as possible.
You may also e-mail the completed form to mail@bbbslr.org*