



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.
 - o Pennsylvania State Police Request for Criminal Record Check
 - o Pennsylvania Child Abuse History Clearance
 - o FBI clearance
 - o DMV clearance for Community-Based Mentoring program
2. I must have a minimum of 2 references.
 - o The references must include:
 - Spouse/spousal equivalent or family member if no spouse/spousal equivalent is available
 - Work/school and/or personal
 - o My references may be contacted by mail, telephone, or e-mail.
 - o 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.
 - o 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*



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BIG BROTHER/BIG SISTER INTERESTS

Volunteer Name: _____

Date: _____

INDOOR ACTIVITIES		OUTDOOR ACTIVITIES		Watch	Participate	SPORTS
Board/Card Games		Bicycling				Archery
Card Collecting		Boating				Baseball
Coin Collecting		Camping				Basketball
Cooking		Fishing				Bowling
Dancing		Gardening				Boxing
Drawing		Hiking				Football
Listening to Music		Horseback Riding				Golf
Model Building		Hunting				Hockey
Movies		Jogging				Ice Skating
Musical Instruments		Sledding				Ping Pong
Pottery		Walking				Pool
Reading						Racquetball
Singing						Roller Blading/Skating
Stamp Collecting						Rowing
Watching Television		OTHER				Skateboarding
Writing		Animals/Pets				Skiing (snow or water)
Video Games		Arts and Crafts				Soccer
		Auto Mechanics/Cars				Swimming
		Carpentry				Tennis
		Computers				Track
		Dramatics				Volleyball
		Electronics				Weightlifting
		Gun/Marksmanship				Wrestling
		Inventions				
		Metal Working				
		Photography				
		Sewing				ADDITIONAL
		Shopping				
		Traveling				
		Woodworking				

If you could have three (3) wishes, what would they be?

1. _____
2. _____
3. _____

What is your favorite:

TV Show: _____

Food: _____

Music Group: _____



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OUR COMMITMENT TO CHILD SAFETY AND YOUTH PROTECTION

Big Brothers Big Sisters is a mentoring program providing children facing adversity with one-to-one mentoring services, and while we have an outstanding record in child protection, we are committed to continuous quality improvement to better ensure positive outcomes for children served.

The following is a list that includes, but may not be limited to, items that a potential Big Brother/Big Sister will need to complete/verify before being accepted into the agency:

	COMMUNITY- BASED MENTORING	SCHOOL- BASED MENTORING
Orientation, Training	<ul style="list-style-type: none"> • Description of BBBS/ Agency’s mission, programs, benefits, and purpose of program; • Demographics of the children served; • Eligibility criteria and commitment expectations; • Enrollment process steps, including the Agency’s right to accept or deny participants, or close a match at any time; • Child safety and youth protection 	<ul style="list-style-type: none"> • Description of BBBS/ Agency’s mission, programs, benefits, and purpose of program; • Demographics of the children served; • Eligibility criteria and commitment expectations; • Enrollment process steps, including the Agency’s right to accept or deny participants, or close a match at any time; • Child safety and youth protection
Confirmation of Identity	<ul style="list-style-type: none"> • Fingerprint; or • Government issued ID; or • Social Security verification 	<ul style="list-style-type: none"> • Fingerprint; or • Government issued ID; or • Social Security verification; or • School ID (High School Students)
Background Checks	<ul style="list-style-type: none"> • State Police Clearance https://epatch.state.pa.us <ul style="list-style-type: none"> ○ No cost to volunteer ○ Choose New Record Check (Volunteers only) • Child Abuse History Clearance (Act 33/34) https://www.compass.state.pa.us/cwis/public/home <ul style="list-style-type: none"> ○ No cost to volunteer ○ Create Individual Account • National (FBI) Background Check https://uenroll.identogo.com <ul style="list-style-type: none"> ○ Enter code 1KG6ZJ ○ Select ‘Schedule or Manage Appointment’ ○ Paid for by volunteer ○ Or sign Volunteer Affidavit if resident of Pennsylvania for the previous 10 years. <p>**Internet searches (Google, Facebook, Social Networking Sites, etc.) may also be completed by agency</p>	<ul style="list-style-type: none"> • State Police Clearance https://epatch.state.pa.us <ul style="list-style-type: none"> ○ No cost to volunteer ○ Choose New Record Check (Volunteers only) • Child Abuse History Clearance (Act 33/34) https://www.compass.state.pa.us/cwis/public/home <ul style="list-style-type: none"> ○ No cost to volunteer ○ Create Individual Account • National (FBI) Background Check https://uenroll.identogo.com <ul style="list-style-type: none"> ○ Enter code 1KG6ZJ ○ Select ‘Schedule or Manage Appointment’ ○ Paid for by volunteer ○ Or sign Volunteer Affidavit if resident of Pennsylvania for the previous 10 years. <p>**Internet searches (Google, Facebook, Social Networking Sites, etc.) may also be completed by agency</p>

	COMMUNITY- BASED MENTORING	SCHOOL- BASED MENTORING
Transportation Safety	<ul style="list-style-type: none"> • DMV check <ul style="list-style-type: none"> ○ https://apps.pa.egov.com/idr ○ When processing, choose 10 year history ○ Paid for by volunteer • Copy of automobile insurance declaration page 	<i>Not Applicable</i>
Child Abuse Reporting Training	Mandated Reporting Training https://www.reportabusepa.pitt.edu	Mandated Reporting Training https://www.reportabusepa.pitt.edu
References	3 positive references obtained from: <ul style="list-style-type: none"> • Spouse or spousal equivalent (Family Member required if spouse/ spousal equivalent reference is not conducted) • Work/school • Personal • Youth serving organization(s) if applicant has disclosed relevant volunteer or paid experience with youth within the last 5 years 	2 positive references obtained from: <ul style="list-style-type: none"> • Spouse or spousal equivalent (Family Member required if spouse/ spousal equivalent reference is not conducted) • Work/school or Personal • Youth serving organization(s) if applicant has disclosed relevant volunteer or paid experience with youth within the last 5 years
In- Person Interview	Also includes a home visit to assess the home environment and the request for collateral information as needed (e.g., therapist, counselor)	Also includes assessment of home environment and the request for collateral information as needed (e.g., therapist, counselor)
Agency Policies	Signed copy of agency policies: <ul style="list-style-type: none"> • Confidentiality • Transportation • Digital Technology and Social Networking • Firearms and Weapons • Overnight Visits • Mandatory Child Abuse and Exploitation Reporting • Children Visiting Volunteer applicants' home • Alcohol, Smoking, and Drug Use • Child Pornography 	Signed copy of agency policies: <ul style="list-style-type: none"> • Confidentiality • Transportation • Digital Technology and Social Networking • Firearms and Weapons • Overnight Visits • Mandatory Child Abuse and Exploitation Reporting • Children Visiting Volunteer applicants' home • Alcohol, Smoking, and Drug Use • Child Pornography

*****As per Big Brothers Big Sisters of America Standards of Practice, Background Checks and Transportation Safety Checks will need to be updated at a minimum every 3 years.**