



Dear Volunteer:

On behalf of the families and youth in our programs, I would like to thank you for your interest in becoming a Big Brother or Big Sister mentor. I commend you for your commitment to your community and to the future of our youth. As a Big Brother or Big Sister you will not only have a valuable life-changing experience, but will also have a profound impact on the life of a child. It is our goal to support your efforts in every way.

To get you started in our application process, please follow the steps outlined below:

1. Email a scanned copy of your completed and signed application and **copy of your driver's license** to [applications@bbbsmidflorida.org](mailto:applications@bbbsmidflorida.org) or drop-off or mail a completed and signed application to the location nearest you:

Big Brothers Big Sisters of Mid-Florida  
1155 NW 13<sup>th</sup> St.  
Gainesville, FL 32601

3. Sign-up for a Volunteer Training. You must complete your training before your interview.
4. Once we have completed processing your application and you have passed our initial checks and attended a Volunteer Training, you will be contacted for an interview at our office. **Volunteers are interviewed based upon the date their application was submitted and the needs of the youth on our waiting list.** The interview will be scheduled at your convenience Monday-Friday. Please allow up to two hours for the interview.
5. For Community-Based Mentoring applicants, a Home Assessment may be scheduled to complete your application.
6. After your interview you will be notified in writing whether or not you have been accepted into our program. **Please note our Application Decisions Policy detailing our volunteer acceptance/rejection decisions.**
7. Once accepted into the program you will be Ready To Be Matched (RTBM). Our staff will search through the youth files of those who are also RTBM (those who have been screened and interviewed) for the best possible match for you. As soon as this process is completed, you will be notified.
8. If you are enrolled in the Community-Based Mentoring Program, you will first be introduced to the youth's parent/guardian during a Pre-Match Meeting.
9. If both you and the parent/guardian agree to pursue the match, a match day will be scheduled for you to meet your Little! For Community Based Mentoring, the Match Meeting will take place at our office or the Little's home. For the Bigs in Schools and Sites Program, the Match Meeting will take place at your Little's school or after-school program.
10. Note: Fingerprint Cards **may be required** upon request to complete your application.

Our staff will process your application and interview you as quickly as possible. Please feel free to contact me if you have questions or feel the process is taking too long. We are truly grateful for your interest in Big Brothers Big Sisters. We know that your match will have a lasting impact on you, your Little, his/her family, and our community in ways you may never know.

For the kids,

A handwritten signature in black ink, appearing to read "Chanelle Strammer".

Chanelle Strammer  
Program Director  
[chanelle@bbbsmidflorida.org](mailto:chanelle@bbbsmidflorida.org)  
(352) 375-2525 ext. 15



**Big Brothers Big Sisters**  
of Mid-Florida

Select program(s) of interest:

**BISS**

SB

CM

GRAND

GENERAL BISS

**CBM**

SB

CM

GRAND

GENERAL CBM

## Programs for Volunteers

Thank you for your interest in Big Brothers Big Sisters (BBBS) of Mid-Florida! BBBS is committed to offering the highest quality mentoring to all youth who need and want a mentor. Through our programs, our Big Brother/Sister volunteers address the mentoring needs—whether academic, emotional, behavioral, or social—of their Little Brothers/Sisters. Our agency offers a variety of different programs for mentoring our youth:

**Bigs in Schools and Sites (BISS)** - As a volunteer through BISS you must be at least 18 years old and willing to make a commitment for a minimum of one (1) academic year. You will be required to commit one hour or more each week with your Little Brother/Sister at the youth's school or after-school program and you can only meet with your Little at the pre-approved site. This is your opportunity to encourage a child academically and socially. As a "match" you can enjoy activities such as reading, sharing lunch, working on computers, playing games or sports, doing arts and crafts, and tutoring!

**Community Based Mentoring Program (CBM)** - As a volunteer through CBM you must be at least 21 years old, have reliable, insured transportation, and be willing to commit six (6) hours or more a month for a minimum of one (1) year. You and your Little will have the opportunity to meet off-site and partake in activities that you both enjoy, ranging from attending sporting events, going to the library, visiting parks, enjoying cultural events, volunteering, and much more!

*The following programs fall under either BISS or CBM:*

**Sports Buddies Program (SB)** – In SB you would hang out with your Little playing sports or attending sporting events. Bigs model good sportsmanship, teach life skills, and build solid friendships on the court or in the field. This program can operate through the BISS or CBM Programs.

**Couples Mentoring (CM)** – CM provides an opportunity for couples to give long-term, one-to-one mentoring to youth, ideally siblings in the same family. This program can operate through the BISS, CBM, or SB Programs.

**The Grand Program (GP)** – GP provides an opportunity for grandparents and retirees to give long-term, one-to-one mentoring to youth who need and want a mentor. This program can operate through the BISS, CBM, or SB Programs.



3. \_\_\_\_\_  
 Name Home Ph (include area code) Day Phone (include area code)  
 \_\_\_\_\_  
 Address City / State / Zip  
 \_\_\_\_\_  
 Email Relationship to You

4. \_\_\_\_\_  
 Name Home Ph (include area code) Day Phone (include area code)  
 \_\_\_\_\_  
 Address City / State / Zip  
 \_\_\_\_\_  
 Email Relationship to You

*PLEASE READ THE FOLLOWING VERY CAREFULLY. THESE ARE AUTHORIZATIONS FOR RELEASE OF INFORMATION AND THE USE OF YOUR PHOTO IN PROMOTIONAL PIECES. YOU MUST SIGN AND RETURN ALL OF THESE RELEASE/WAIVERS WITH YOUR APPLICATION BEFORE WE CAN BEGIN THE APPLICATION PROCESS.*

**APPLICATION DECISIONS POLICY**

I understand that Big Brothers Big Sisters of Mid-Florida reserves the right to accept or reject any applicant at any point in the enrollment process. I further understand that all decisions are confidential and final.

**RELEASE/WAIVER FOR INFORMATION**

I hereby authorize Big Brothers Big Sisters of Mid-Florida to secure any information they deem necessary from medical, employment, educational, motor vehicle, military, police and any other sources to evaluate my potential as a Big Brother or Big Sister. I understand that Big Brothers Big Sisters will make periodic background checks to ensure the ongoing safety of the children they serve. I further understand that should any of the information provided at the time of application change, I am to notify the agency of these changes immediately.

**VOLUNTEER SELECTION POLICY**

For 25 years Big Brothers Big Sisters of America has followed a non-discrimination policy that prohibits exclusion of potential volunteers, staff, youth or parents on the basis of race, color, religion, national origin, gender, marital status, sexual orientation, veteran status or disability. Big Brothers Big Sisters of Mid-Florida adheres to this policy as an affiliate in good standing. Our focus is the welfare of the children we serve and our mission is to provide safe and effective Big Brothers and Big Sisters to every child who wants or needs one. We pay close attention to parental/guardian preferences for the type of volunteer they deem as suitable for their child. Parents approve each proposed match.

In determining whether an applicant may be considered for a match, due consideration is given to those past and present factors in the health, personality, and behavior of each individual applicant and/or family constellations which may have a significant effect upon the match relationship. Any party has the right to refuse to enter into the match based upon the information communicated to either party of the match.

**Please indicate below your understanding and acceptance of the Application Decisions Policy, Release/Waiver for Information and Volunteer Selection Policy.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

**PERSONAL AND/OR PHOTO RELEASE**

This release allows Big Brothers Big Sisters of Mid-Florida (Agency) to use my photo or story for publication (advertising and publicity) to promote their programs. The following official language releases the Agency from liability or claims for damages.

I consent for all purposes consistent with the goals for Big Brothers Big Sisters of Mid-Florida, a Florida corporation (BBBS), to the sale, reproduction and/or for all purposes the release of my name, likeness, and/or information and materials supplied by me for the purpose of advertising, publicity, to any agency, client, periodical, or other publication to which BBBS may assign its rights, in all forms and media and in all manners, including, but not limited to advertising, publicity, trade, display, editorial, art and exhibition. In giving consent, I release BBBS, their employees, agents, nominees, designees and assigns from liability for claims for damages arising out of or relating to any personal proprietary rights I may have in connection with the sale, reproduction or use of all photographs and said materials. Big Brothers Big Sisters of Mid-Florida's use of my appearance of said materials described above will not violate the rights of any person or organization and will not incur any liability for payment to any person or organization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If this box is checked it means that I have not signed above and **IDO NOT** want my photo or story used for publication purposes.

To be completed by the mentoring organization:

Volunteer ID: 00093FL

Type of official government

ID examined (append copy): \_\_\_\_\_

**VOLUNTEER APPLICATION FOR PROSPECTIVE MENTORS  
PURSUANT TO THE PROTECT ACT**

Name and address of organization:



1155 NW 13<sup>th</sup> Street  
Gainesville, FL 32601

Name: \_\_\_\_\_  
First Middle Maiden Last

Other names by which known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_ City State Zip Code

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**Please check the appropriate box and, if necessary, fill in the requested Information:**

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record.

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By signing this form, I acknowledge that I have been provided with a copy of this volunteer form and notice. My signature constitutes an acknowledgment that a Federal Bureau of Investigations criminal history background check will be conducted. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief. I swear or affirm that the fingerprints submitted in support of this application are mine. I understand that MENTOR is not liable for the mentoring organization's screening decision, nor for the fitness determination made by NCMEC.

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

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



**Big Brothers Big Sisters**  
of Mid-Florida

<b>EMPLOYEE/VOLUNTEER PERSONAL AUTO INSURANCE VERIFICATION</b>	
All employees and volunteers must carry auto insurance in the amount required by the State of Florida. This is so we can provide excess auto liability while performing the work of Big Brothers Big Sisters of Mid-Florida.	
Name of Employee/Volunteer	
Insurance Agency	Agent Name
Agent phone number	Policy Number
Limits	Bodily Injury or Property Damage
Combined single limits	

By signing below, I agree to immediately notify the Big Brothers Big Sisters agency of any changes in my auto insurance coverage.	
Signature	Date



# Pre-Interview Questionnaire

We would like you to answer the questions below in preparation for your potential interview. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. The information you give will also help us make a better match for you and assure we can support you in the right way during your involvement with our program. **To reiterate our Volunteer Selection Policy, BBBS follows a non-discrimination policy and the information you provide will not disqualify your application.**

**1. What, if any, other youth organizations have you worked or volunteered for?**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Month/Year involved: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Month/Year involved: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**2. Which do you enjoy more?**

Indoor Activities  Outdoor Activities  No preference

**3. Would you describe yourself as a person who enjoys:**

Watching events/activities  Actively participating in activities  Both

**4. Sports: Participant**  Group  Individual  Both

**5. Do you have any guns or ammunition in your house?**

No  Yes (If yes, we will discuss what safety precautions are necessary)

**6. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and Internet access?**

Yes  No (If not, we will discuss during the in-person interview)

**7. Do you have any pets?**

No  Yes Type(s): \_\_\_\_\_ (If yes, we will discuss with you what safety precautions are necessary)

**8. Are you experiencing any physical or mental health problems?**

No  Yes (If yes, we will have you discuss during the in-person interview)

**9. Do you post personal information online? (E.g. MySpace, Facebook, blogs, etc? If so, please accept a friend request from Big Brothers Big Sisters of Mid-Florida as part of the screening process.)**

No  Yes

**If yes, is there any information about you that may be embarrassing to yourself, or your Little's family (language, photos, images, etc)?**

No  Yes (If yes, we will have you discuss during the in-person interview)

**10. Have you ever been arrested, charged, or convicted of a crime?**

No  Yes (If yes, we will have you discuss during the in-person interview)

**11. Have you had any driving citations and/or moving violations in the past 5 years?**

No  Yes (If yes, we will have you discuss during the in-person interview)

**12. Do you anticipate any significant life changes over the next year or have you had any in the past year?**

No  Yes (If yes, we will have you discuss during the in-person interview)

**13. Do you speak any foreign languages?**

No  Yes: \_\_\_\_\_

**14. How far are you willing to travel?**  0-15 min.  15-30 min.  30-45 min.  1 hour

**15. What is your personal religious preference?** \_\_\_\_\_

**16. What is your sexual orientation?**  Bisexual  Heterosexual  Homosexual  Undisclosed

**17. Smoker?**  Non-Smoker  Light Smoker  Not around children

**18. Drinking?**  Non-Drinker  Light Drinker

**19. Are you required to volunteer as part of community service?**

No  Yes Reason: \_\_\_\_\_

**20. In what subjects can you help tutor? (Please circle all that apply.)**

Math Spelling Language Arts Reading Writing Science FCAT History/Social Studies Other(s): \_\_\_\_\_

**21. Are there any characteristics of kids we may serve that you are not able to work with?**

Different Race Economically Deprived Acts Out Delinquent Overweight  
Effeminate/Tomboy Needs Affection Lies Scholastic Problems Intellectually Delayed  
Manipulative Fights ADD/ADHD Poor Hygiene Hyperactive  
Sexual Identity Issues Drug Use Steals Poor Social Skills Terminal Illness  
Physical Handicap Emotional (depressed, withdrawn) Experienced Physical/Emotional/Sexual Abuse  
Shy Other(s): \_\_\_\_\_

**22. Are there any characteristics of families we may serve that you are not able to work with?**

History of Abuse Over-Protective In Public Housing  
Demanding of the volunteer Incarceration History of Substance Abuse  
History of Child Neglect (i.e. supervision/nutrition) Promiscuous On Welfare  
Moves Frequently (on local level) Terminal Illness

\_\_\_\_\_ Once a match has been decided upon, the BBBS Staff must contact the child's parent or guardian to discuss the potential volunteer. Information to be shared with the parent about the potential volunteer WITHOUT IDENTIFYING INFORMATION includes: volunteer's age, sexual orientation, gender, race, religion, interests and hobbies, marriage and family status, living situation, and reasons for involvement. *Please initial to the left indicating that you give your consent for this information to be shared with the parent.*

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



**Big Brothers Big Sisters**  
of Mid-Florida

## Confidentiality Agreement

This document shall be read and signed by all parties that have a vested interest in the confidential information contained in the files of Big Brothers Big Sisters of Mid-Florida. This includes, but is not limited to, The Chief Executive Officer, Professional and Para-Professional Staff, Volunteers, and Clients. The original shall then be placed into the permanent file of the above mentioned.

Big Brothers Big Sisters is the sole custodian of all information obtained on behalf of the agency, including information on clients and volunteers. Any information gleaned from written documents or verbal statements shall not be disseminated, either verbally or in writing to any external party without the express consent of the Chief Executive Officer or the Board of Directors. Failure to comply with this agreement may result in disciplinary action, up to and including termination.

I, \_\_\_\_\_(print name), have read and understand the rules of confidentiality expressed in this document or in the agency's policy manual and agree to abide by them. I understand that failure to comply may result in disciplinary action up to and including termination of my services.

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

Printed Name \_\_\_\_\_