

# Big Brothers Big Sisters Of Monroe County

## Eligibilities for a "Big"

- A "BIG" must be able to offer contact that is beneficial & of quality to the "LITTLE".
- The "BIG" must exhibit responsibility & stability in the area of work history, residence, education, personal relationships, commitments, & general lifestyle. A "BIG" shall exhibit good moral character, stability, maturity, a sense of responsibility, & sound mental health. These traits shall be supported by 3 character references, a police check, & intake interviews conducted by the agency staff.
- A "BIG" must be a minimum of 18 years of age & have access to transportation.
- An applicant must show proof of auto insurance & a good driving record. Anyone with a history of drunk driving will NOT be acceptable.
- There will be no restrictions on race, religion, or national origin.
- A "BIG" should be in good physical health. Any physical condition requiring medication shall be stabilized. If necessary the "BIG" may be asked to submit a physician's statement.
- Physically handicapped persons shall be ambulatory enough to provide safe supervision & transportation for a "little".
- An applicant who has been hospitalized for a mental disorder within the past 2 years is INELIGIBLE. Applicants that have been hospitalized for said disorder prior to 2 years will be assessed on a case-by-case basis.
- A "BIG" currently in therapy or medicated shall agree to permit communication between therapists / physicians & agency caseworkers &/or the Director as to the "BIG"s ability to responsibly benefit a "LITTLE".
- Applicants using substances which affect normal physical &/or mental functioning will NOT be acceptable.
- Applicants using illegal substances in a routine social &/or dependent manner will NOT be acceptable.
- Any "BIG" hospitalized or treated for substance abuse will NOT be considered unless a period of 3 years of NON-abuse has occurred. Acceptance shall be discretionary in such cases.
- An applicant who is a defendant or plaintiff in a pending civil action will be considered on a discretionary basis.
- An applicant with minor children who is not paying required support or who has been denied visiting privileges by a court will NOT be acceptable.
- Any applicant convicted of a misdemeanor may be considered on a discretionary basis by staff recommendation & Director approval.
- An applicant who is a defendant in a pending criminal action will NOT be acceptable.
- An applicant convicted of any offense against another person will NOT be acceptable.
- An applicant convicted of a felony will NOT be acceptable.
- The applicant must be able to meet with the agency's caseworker for an interview & screening procedure.
- The "BIG" must meet a minimum commitment to the "LITTLE", with consistent weekly contact on an average of 4 hours every other week.
- Any applicant falsifying information will NOT be acceptable.
- The final acceptance of any applicant for the Big Brothers - Big Sisters program is with caseworker recommendation & the approval of the agency's Director.

**Big Brothers Big Sisters  
Of  
Monroe County Inc.,  
28 S Macomb  
Monroe, MI 48161  
7342-242-8540  
info@bbbsmonroecounty.org**

**VOLUNTEER APPLICATION**

First Name: \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length at residence: \_\_\_\_\_

Previous Addresses; if any (within last five years) \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Home Ph #: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Occupation: \_\_\_\_\_ Can We Contact You At Work: \_\_\_\_\_ Yes \_\_\_\_\_ No

Ph# \_\_\_\_\_ Work Hours: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

List the names/ages of members whom you live with: (Please be advised that we will have to do a criminal background check on persons over 18 years old)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No Driver's License # \_\_\_\_\_

If yes, state of issue and # Expiration date: 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.

## EDUCATION

School Level	Name and location of school	Number of years attended	Did you graduate?	Degree
High School				
College or University				
Business or trade school				

## REFERENCES

List (3) people, other than a relative or significant other who have known you at least two years and can vouch for your character, reputation and morals. Please include employer or supervisor, past or present. (References will be contacted. Information will remain confidential.) We suggest you contact your references and encourage them to respond promptly.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**List at least one, preferably more, person(s) to contact in case of an emergency**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I understand 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, including a driving records check, criminal background check, and other records required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and,
- 5) As part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

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Signature

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Date

**Big Brothers Big Sisters  
Of  
Monroe County**

**Volunteer Background Check Agreement**

I, \_\_\_\_\_, \_\_\_\_\_,  
(First, Middle & Last Name) (Birthdate)  
\_\_\_\_\_, \_\_\_\_\_, of \_\_\_\_\_,  
(Gender) (Race) (Street) (City) (State)  
\_\_\_\_\_, \_\_\_\_\_,  
(Social Security #) (Driver's License#)

having made an application with Big Brothers Big Sisters of Monroe County, Inc., and desiring it to be informed as to my previous record and character, hereby authorize it to investigate my past criminal history file and to ascertain any and all information which may concern my record and character, whether the information is of record or not. I hereby release my present and past employers, references, and all persons whomsoever from any damage of furnishing said information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

Personnel please sign once Criminal Background Check; Sex Offender Check & MVR is returned.

**Big Brothers Big Sisters  
Of  
Monroe County**

**Volunteer Agreement**

I understand and agree that as part of Big Brothers Big Sisters procedures:

1. I will be interviewed by a professional staff person and we will review my past history and current situation. I am willing to provide additional information to that which is on my application form.
2. Upon reaching a decision regarding my candidacy, I will be informed of that decision and of my standing with the Agency.
3. I may discontinue my affiliation with the Agency if I feel that is necessary.
4. The Agency is not obligated to assign me to a child if, in the Agency's professional judgment, it would not be in my best interests or not in the best interests of the children served by the Agency.
5. If assigned, I agree to attend a Workshop or Big Quarterly Meetings .
6. If assigned, I agree to cooperate with staff regarding casework supervision, evaluations, questionnaires, etc.
7. I agree to comply with the mandates of the agency's insurance carrier to maintain coverage for my protection as a volunteer by maintaining personal auto insurance.

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Applicant's Signature

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Date

# Big Brothers Big Sisters Of Monroe County

## Volunteer Policy

Big Brothers Big Sisters is a social service program designed to help children who have shown a need for a strong relationship with an interested adult. While the program is an interfaith and interracial one, the desires of the child's parent or guardian are respected in the selection of the appropriate adult for each child.

In determining whether an applicant may be considered for a match and what information shall be communicated to each party involved in any prospective match regarding the others, consideration must be given to those past and present factors in the health, personality and behavior of each individual and/or family background which professional agency personnel feel, under the circumstances, may have a significant effect upon the relationship, and which if revealed at a later date, might affect it adversely. Relevant information shall be provided, however, the name or names of the parties described shall be held confidential before a match is made. Any party has the right to refuse to enter into the match based upon the information so communicated.

An assignment interview is designed to establish a profile of you and your interests. This profile will be used by the agency to best match you with a Little Brother/Little Sister. Except for parents and/or guardians with a direct responsibility for a Little Brother/Little Sister who has been pre-screened and is actively being considered for match with you, all elements of your profile will be kept in the strictest confidence. Of course, prior to any assignment to a Little Brother/Little Sister, a similar profile of him/her family will be discussed with you to ensure that your desires will be respected.

The undersigned agrees to keep the agency informed of any violations of the law or any circumstances that could potentially damage or detrimentally affect the agency or any individual involved herein with the Big Brother – Big Sisters agency and/or otherwise conflict with the policies, procedures, standards and practices of the agency.

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively seek to assign, him/her a Little Brother/Sister and (2) as a part of the agency's matching process, personal information will be elicited from the applicant by professional agency personnel.

The undersigned also acknowledges that the agency can, at all times, terminate the match between volunteer and child.

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Signature

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Date

CONFIDENTIALITY POLICY TO BE READ AND SIGNED  
BY AGENCY CLIENTS AND VOLUNTEERS

The Big Brothers-Big Sisters of Monroe County, Inc. respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non-BBBS organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.
7. State law mandates that suspected child abuse be reported to the appropriate authorities (name designated state agency).
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.
9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, sex, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as age, sex, race, religion, interests, hobbies, family situation, etc.

I agree to program participation under the above conditions.

\_\_\_\_\_  
Client's/Volunteer's Name

\_\_\_\_\_  
Date

**Big Brothers Big Sisters  
Of  
Monroe County**

**Volunteer Media Release Form**

I hereby agree and consent to my participation in and the use of my name for the intent and purpose of promotion, sales, copyrighting, advertising, etc., by Big Brothers/Big Sisters of Monroe County, Inc., or its licensees or member organization including but not limited to, media (newspaper, photograph, radio, video, TV, Internet, etc.) coverage and the use of any items or ideas i.e. posters, writing, pictures, etc. I waive all claims for any compensation for such use or for any damages. I understand that any and all material will become the sole property of Big Brothers/Big Sisters of Monroe County, Inc.

Printed name of Volunteer: \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I have refused to sign this release for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Big Brothers Big Sisters Of Monroe County

## Volunteer Auto Insurance Verification

All volunteers must carry auto insurance in the amount required by the state. This is so we can provide excess auto liability protection while in the course of BB/BS agency work.

Volunteer's Name: \_\_\_\_\_

Insurance Agency: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Agent phone: \_\_\_\_\_ Policy # \_\_\_\_\_

Limits: \_\_\_\_\_ Bodily Injury \_\_\_\_\_ Property Damage

\_\_\_\_\_ Or Combined Single Limit

By signing Below, I agree to notify the BB/BS agency of any changes in my auto insurance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*Please attach a copy of your current insurance coverage –it will show a listing of coverage amounts. If you are unable to send in with application, you may fax it in 734-242-8541, or we can make a copy when you come to the office for your interview.\*\*\*

# Big Brothers Big Sisters Of Monroe County

## VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Which do you enjoy more?

- Indoor Activities                       Outdoor Activities                       No preference

2. Would you describe yourself as a person who enjoys:

- Watching events or activities                       Actively participating in activities                       Both

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

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

4. 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 have you discuss during the in-person interview)

5. Do you have any pets?

- No                       Yes (If yes, we will discuss with you what safety precautions are necessary around youth)

6. Are you experiencing any physical or mental health problems?

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

7. 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)

8. 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)

9. How long have you lived in the area? \_\_\_\_\_

10. 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)

11. Do you speak any foreign languages?     Yes \_\_\_\_\_             No

12. Before we continue with some additional questions about your personal background and life, is there anything else you'd like to tell us about yourself or any questions you may have of me?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date