



## Big Brothers Big Sisters

*Little Moments. Big Magic.™*

SERVING BALTIMORE CITY, CENTRAL MARYLAND, SALISBURY AND LOWER EASTERN SHORE OF MARYLAND

### VOLUNTEER APPLICATION

BIG BROTHERS BIG SISTERS RESPECTS THE CONFIDENTIALITY OF ALL PARTICIPANTS AND THEREFORE THE INFORMATION BELOW IS SHARED ONLY WITH AUTHORIZED STAFF.

NAME \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS OF EMPLOYMENT \_\_\_\_\_ MAY WE CALL YOU AT WORK? Yes  No

CELL PHONE \_\_\_\_\_ OTHER WAYS TO CONTACT YOU \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT OUR ORGANIZATION? \_\_\_\_\_

### VOLUNTEER POLICY

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT (A) 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 TO SEEK TO ASSIGN, HIM/HER A LITTLE BROTHER/LITTLE SISTER AND (B) AS A PART OF THE AGENCY'S MATCHING PROCESS, ADDITIONAL PERSONAL INFORMATION WILL BE ELICITED FROM THE APPLICATE BY PROFESSIONAL AGENCY PERSONNEL.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

### VOLUNTEER APPLICATION, CONTINUED ON NEXT PAGE →

FOR INTERNAL USE ONLY  
SOURCE CODE: \_\_\_\_\_

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CENTRAL MARYLAND: 3600 CLIPPER MILL ROAD, SUITE 250, BALTIMORE, MD 21211 ~ 410-243-4000  
LOWER EASTERN SHORE: 200 WEST MAIN STREET, 3<sup>RD</sup> FLOOR, SALISBURY, MD 21801 ~ 410-543-2447  
[WWW.BIGLITTLE.ORG](http://WWW.BIGLITTLE.ORG)

## VOLUNTEER PREFERENCES

PLEASE INDICATE THE VOLUNTEER POSITION IN WHICH YOU ARE MOST INTERESTED. (PROGRAMS ARE DESCRIBED ON FOLLOWING PAGES. APPLY FOR ALL PROGRAMS IN WHICH YOU ARE INTERESTED. WE WILL HELP YOU REFINE YOUR CHOICES AT OUR MEETING.)

### MENTORING PROGRAMS

- COMMUNITY ONE-TO-ONE** IS OUR CLASSIC ONE-TO-ONE MENTORING PROGRAM. IT IS THE FOUNDATION ON WHICH ALL OF OUR PROGRAMS ARE BUILT.
- AMACHI BIG BROTHERS BIG SISTERS** PROVIDES ONE-TO-ONE MENTORING TO CHILDREN OF PRISONERS, IN PARTNERSHIP WITH LOCAL FAITH ORGANIZATIONS. AMACHI MEANS "WHO KNOWS BUT WHAT GOD HAS BROUGHT US THROUGH THIS CHILD."
- BIGS-IN-SCHOOL** PROVIDES ONE-TO-ONE MENTORING AT LOCAL SCHOOLS PRIMARILY DURING LUNCH OR AFTERSCHOOL. THIS PROGRAM IS IN PARTNERSHIP WITH BUSINESSES, UNIVERSITIES, HIGH SCHOOLS, AND INDIVIDUALS.

### TALENT-TO-SHARE PROGRAMS

- FUNDRAISING COMMITTEE
- SPECIAL EVENTS COMMITTEE
- OFFICE
- OTHER \_\_\_\_\_

### ADDITIONAL INFORMATION

HOW DO YOU PLAN TO FACILITATE TRAVEL IN THE MATCH/AS A VOLUNTEER? \_\_\_\_\_

DO YOU HAVE AUTO INSURANCE? YES  NO  IF YES, COMPANY/BROKER \_\_\_\_\_

DO YOU OBJECT TO THE AGENCY CHECKING WITH APPROPRIATE AUTHORITIES FOR MATTERS OF RECORD REGARDING YOUR BACKGROUND OR HISTORY? IF YES, PLEASE EXPLAIN. \_\_\_\_\_

### THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY

ETHNIC ORIGIN \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_

PLACE OF WORSHIP/ZIP CODE (EXAMPLE--HOLY BIBLE CHURCH, 21217) \_\_\_\_\_

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION COMPLETED? \_\_\_\_\_

**VOLUNTEER APPLICATION, CONTINUED ON NEXT PAGE →**

## REFERENCES

PLEASE TYPE OR PRINT INFORMATION REQUESTED FOR YOUR THREE REFERENCES.

1. YOUR CURRENT OR FORMER EMPLOYER WHO HAS KNOWN YOU FOR AT LEAST 1 YEAR;
2. A CO-WORKER OR FRIEND WHO HAS KNOWN YOU FOR AT LEAST 2 YEARS; AND
3. A FAMILY MEMBER (SPOUSE/DOMESTIC PARTNER) OR ANOTHER FRIEND WHO HAS KNOWN YOU FOR AT LEAST 3 YEARS.

DURING THE COURSE OF YOUR ENROLLMENT PROCESS, A VOLUNTEER ENROLLMENT SPECIALIST WILL CONTACT THESE REFERENCES BY MAIL, TELEPHONE, OR E-MAIL. THE INPUT FROM YOUR REFERENCES ALLOWS US TO GET TO KNOW YOU BETTER AND HELPS TO MAKE THE BEST POSSIBLE MATCH FOR YOU.

ALL INFORMATION RECEIVED IS CONFIDENTIAL AND BECOMES PROPERTY OF THE AGENCY

BIG BROTHERS BIG SISTERS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, ETHNICITY, SEXUAL ORIENTATION, GENDER, RELIGION, OR PHYSICAL DISABILITY.

APPLICANT'S NAME \_\_\_\_\_

**EMPLOYER OR SUPERVISOR NAME**(ADVISOR OR PROFESSOR FOR STUDENT: VENDOR IF SELF EMPLOYED):

NAME: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**CO-WORKER OR FRIEND: NAME:** \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**SPOUSE / DOMESTIC PARTNER/FRIEND: NAME:** \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**ALTERNATE REFERENCE: NAME** \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**VOLUNTEER APPLICATION, CONTINUED ON NEXT PAGE →**

# PINKERTON CONSULTING & INVESTIGATIONS AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT: PLEASE PRINT CLEARLY USING BLACK INK AND PRESS FIRMLY

IN CONNECTION WITH MY APPLICATION AS A VOLUNTEER OR FOR EMPLOYMENT, I AUTHORIZE PINKERTON AND THEIR RESPECTIVE AGENTS TO SOLICIT INFORMATION ABOUT MY CRIMINAL BACKGROUND, SOCIAL SECURITY, DRIVING, EMPLOYMENT, ACADEMIC, AND GENERAL PUBLIC RECORD HISTORY.

I AUTHORIZE, WITHOUT RESERVATION ANY GOVERNMENT AGENCY CONTRACTED BY PINKERTON CONSULTING & INVESTIGATIONS OR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION.

I RELEASE PINKERTON, ITS RESPECTIVE EMPLOYEES AND AGENTS, AND GOVERNMENT AGENCIES PROVIDING INFORMATION OR REPORTS ABOUT ME, FROM ANY AND ALL LIABILITY ARISING OUT OF THE RELEASE OF ANY SUCH INFORMATION OR REPORTS.

APPLICANT NAME: \_\_\_\_\_  
(PRINT) FIRST MIDDLE LAST

OTHER NAMES USED \_\_\_\_\_  
(MAIDEN/ETC)

MUST INCLUDE A SEVEN YEAR HISTORY. IF NEEDED, PLEASE USE THE BACK PAGE.

CURRENT ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ # YEARS AT THIS ADDRESS \_\_\_\_\_

FORMER ADDRESS # 1 \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ # YEARS AT THIS ADDRESS \_\_\_\_\_

FORMER ADDRESS #2 \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ # YEARS AT THIS ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ EXPIRATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**ADMINISTRATIVE USE ONLY:**

DATE REQUESTED \_\_\_\_\_ SOR \_\_\_\_\_

PLEASE PROVIDE BACKGROUND CHECKS FOR ITEMS INDICATED:

\_\_\_\_\_ CRIMINAL-MD \_\_\_\_\_ CRIMINAL OUT-OF-STATE \_\_\_\_\_ TRAFFIC \_\_\_\_\_ DMV \_\_\_\_\_ SS# VERIFICATION \_\_\_\_\_

DATE RETURNED \_\_\_\_\_