



Big Brothers Big Sisters of Ventura County

Making a Big difference. . .One child at a time

Dear Friend:

Thank you for your interest in Big Brothers Big Sisters of Ventura County. We hope this is the beginning of a mutually enjoyable relationship and that as you learn more about our program, you will see how rewarding and fun mentoring can be.

Enclosed is our pre-enrollment form, pre-interview questionnaire, an interest finder, consent forms, our policy statement and a checklist. Please give complete information for your references, and let them know we will be contacting them. If you have volunteer or paid experience working with children, please include name of organization, contact person, and phone number on a separate sheet of paper. If you have any questions about the forms give us a call.

Using your checklist, complete your enrollment forms, plus make a copy of your driver's license, a copy of your current car insurance card, and a check for \$10.00, and send it to us by regular mail. Once we receive it we will contact you to set up an interview. At your interview we will give you a Volunteer Guide, which summarizes the role and responsibilities of a volunteer, the stages of the match, ways to help the match develop, and what to expect in terms of your match. This information will be discussed when you attend volunteer training, and will be helpful throughout your match.

Our goal is to make successful matches between volunteers and children in our community. Your Enrollment Specialist will be in close contact with you during the enrollment process and will be happy to answer your questions. On behalf of our staff, welcome to Big Brothers Big Sisters.

Sincerely,

Lynne West

Lynne West
Executive Director

LW/ma
Enclosures

445 Rosewood Ave., Suite Q, Camarillo, CA 93010
Phone: 805-484-2282 Fax: 805-484-3859 E-Mail: lwest@bbsvc.org
Website: www.bbsvc.org



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The items listed below will be used to process your application and will be kept in your file as received. You may either mail these items or bring them to your interview.

- 1. Pre-Enrollment form**
Interest Finder
Consent for Background Check
Therapist Consent Form (if you are seeing a therapist)
Policy & Profile
Pre-Interview Questionnaire

- 2. Copy of Driver's License** - (We can make a copy at our office.)

- 3. Copy of Car Insurance Coverage**

This can be a copy of the card your insurance company gives you to carry, or a copy of the declarations page that shows the liability limits of your coverage. Either must state the expiration date of your policy.

- 4. Recent Photograph of Yourself**

This is kept in your file.

- 5. \$10.00 to cover DMV and background check.**

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VOLUNTEER PRE-ENROLLMENT

First Name:		Middle Name:		Last Name:		Date of Birth:	
Home Address:				City:		State:	Zip:
Email:		Home Phone #:		Work Phone #:		Cell Phone #:	
Circle one: Male Female		Social Security #:		Employer:			
Work Address:			City:		State:		Zip:
Occupation:			Ethnicity:		Marital Status:		Highest Level of Education:
May We Contact You At Work: Yes No			Work Hours:			How Long Employed:	
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.							
Do you have a driver's license? ____ Yes ____ No			If yes, state of issue and number:			Expiration date:	

REFERENCES

Please **type or print** information for three references that are **not** related to you: **1)** your current or past employer who has known you for at least 1 year; **2-3)** a co-worker, friend or neighbor who has known you for at least 2 years. **Please circle their relationship to you below.** If known, please give best contact method for each reference.

1. Employer Name or School (if student):				Supervisor/Teacher First & Last Name			
Address:		City:		State:		Zip:	
Daytime Phone #:		Fax #:		Email:			
2. Coworker, Friend or Neighbor - First and Last Name:							
Address:		City:		State:		Zip:	
Daytime Phone #:		Fax #:		Email:			
3. Spouse, Partner or Roommate- First and Last Name:							
Address:		City:		State:		Zip:	
Daytime Phone #:		Fax #:		Email:			

Have you ever applied or been a Big Brother or Big Sister? Yes No	If Yes, Where and When:
Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No	Where and When:
Have you worked for or been involved in any other youth organizations as a volunteer? Yes No	If Yes, Where and When: (Also include the following: address, phone number and contact person)

How did you hear about our program? _____

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 BBBS agency is not obligated to match me with a youth;
- 4) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 5) As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for assignment.

I understand that by checking the box below:

The information I provide will be used to conduct a background check, to include driving record check criminal background check, and other records where required by local, state, or federal law for volunteers working with youth. I give my permission to Big Brothers Big Sisters of Ventura County to run a criminal background check on me to verify the information I have given to Big Brothers Big Sisters and to collect all the information necessary from business and personal references in order to process my application to ascertain my eligibility as a Big Brother or Big Sister.

Signature

Date

Big's Interest Finder

Name: _____ Date: _____

Place a check next to the activities you want to do with your Little

Sports

- Baseball
- Football
- Basketball
- Soccer
- Hockey
- Golf
- Tennis
- Karate
- Bowling
- Gymnastics
- Volleyball
- Snow Skiing
- Water Skiing
- Snow Boarding
- Softball
- Weight Lifting
- Aerobics
- Running/Jogging
- Beach
- Cards/Board Games
- Frisbee

Outdoor Activities

- Boating
- Swimming
- Fishing
- Camping
- Walking/Hiking
- Horseback Riding
- Bike Riding
- Kites
- Ping Pong
- Billiards
- Boogie Boarding
- Surfing
- Gardening
- Ice Skating
- Rollerblading
- Skateboarding
- Running
- Fairs
- Museums
- Parks
- Collecting _____

Hobbies/Interests

- Sewing
- Crafts/Arts
- Embroidery
- Cooking
- Painting
- Wood Working
- Movies
- Music
- Sculpturing
- Drawing
- Photography
- Models
- Shopping
- Computers
- Traveling
- Zoos
- Writing
- Reading
- Mechanics
- Theater/Ballet
- Other _____

What are your 3 favorite activities? (1) _____ (2) _____
(3) _____

Do you have pet(s)? No Yes If so, what kind? How much time do you spend reading each day?

What do you like to read?

How much time do you spend watching T.V.? What are some favorite T.V. programs? _____

Do you play a musical instrument? No Yes If so, what?

What are you afraid of?

Why do you want to be a Big Brother/Big Sister?

We encourage Bigs to choose low cost or no cost activities on their outings with their Littles.

Consent for Release of Information
(If Applicant is currently in therapy or has been within the past 12 months)

Therapist/Psychologist/Psychiatrist

I, _____, hereby authorize
(Name of Patient)

(Name of Therapist/Psychologist/Psychiatrist)

(Address & Phone of Therapist/Psychologist/Psychiatrist)

to complete the enclosed Clinical Referral Summary form and return to Big Brothers Big Sisters. The information is required for the following purpose: to determine my suitability as a Big Brother/Big Sister candidate. This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on the termination of the match and/or closure of that person's case file without express revocation.

Date

Patient's Signature

Volunteer Policy and Profile

Big Brothers Big Sisters of Ventura County 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 legal 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, due consideration must be given to those past and present factors in the health, personality, sexual orientation, and behavior of each individual and/or family constellation which professional agency personnel deem, 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.

The assessment interview is designed to establish a profile of you and your interests. This profile will be used by the agency to determine your suitability for service and if it is deemed by the professional staff and/or the Governing Board of the agency that you are suitable, you will be matched with a Little Brother or Little Sister who has been pre-screened and is actively being considered for a match with you. Please note: all elements of your profile will be kept in the strictest confidence.

Of course, prior to any assignment to a Little Brother or Little Sister, a similar profile of him/her will be discussed with you to ensure that your interests will be respected.

Print Name

Date

Signature

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.

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, please explain: _____

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, please explain: _____

5. Do you have any pets? No Yes

If yes, please describe: _____

6. Are you experiencing any physical or mental health problems? No Yes

If yes, please explain: _____

7. Have you ever been arrested, charged, or convicted of a crime? No Yes

If yes, please explain: _____

8. Have you had any driving citations and/or moving violations in the past 5 years? No Yes

If yes, please explain: _____

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, please explain: _____

11. Do you speak any foreign languages? Yes No

If yes, what language(s)? _____

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?

Your name _____

Signature _____ Date _____