

Dear Volunteer:

Thank you for your interest in Big Brothers Big Sisters of Central Oregon, a program of J Bar J Youth Services. Enclosed is the information and materials needed to begin the application process for your participation in the program. By reading over this material, you are taking the first step in making a friend for life.

To provide quality mentoring services to children, we have a few requirements for our volunteers. All Big Brothers and Big Sisters must be at least 18 years old, in good mental health, and willing to work within Big Brothers Big Sisters guidelines. All volunteers are asked to: submit the names of personal references, undergo background checks, complete an interview, and participate in a training session. Please read the volunteer options and consider which type of match you prefer.

**Traditional Big Brother/Big Sister**

*As a traditional Big Brother or Big Sister, you will meet with your Little Brother or Sister for a few hours a month in the community. Often activities can include riding bikes, walking in the park, or cooking dinner together.*

**Couples Match**

*This match includes a couple working together as a team to mentor a child. They are screened individually and are matched with one Little Brother. Couples matches are designed for couples that have been together for at least one year.*

Once the screening process is completed and you are accepted into the program, you will be placed on a waiting list until the best match with a Little Brother or Sister can be found. Our goal is to match you with a child who can fully benefit from the support and friendship you have to offer.

We appreciate your patience and cooperation throughout this process. Please feel free to call us at 541-312-6047 if you have any questions. You may send your application in the mail, fax it or drop it off at our office. We look forward to working with you!

~ The Staff of Big Brothers Big Sisters

*\*The child and volunteer intake process used by Big Brothers Big Sisters of Central Oregon is a consistent process to determine eligibility of children, youth and volunteers for services based upon written eligibility criteria. Children, youth and volunteers are not excluded on the basis of race, religion, national origin, gender, sexual orientation, disability or marital status of parent. (Big Brothers Big Sisters of America, Standards of Practice for One-to-One Service for Programs Operating Within Affiliated Sponsoring Organizations, October 2003, V-15, page 7).*

# Volunteer Position Description

## Big Brothers Big Sisters of Central Oregon

**Title:** Big Brother, Big Sister

### **Description:**

- To mentor, role model and provide friendship to a child. Mentoring refers to a one-to-one relationship between a more experienced person and a younger person. This relationship involves mutual commitment, caring and trust. A mentor teaches, challenges, and enriches a young person's skills and self-reliance.
- Share your hobbies and interests with a child by doing activities that you like to do and by introducing new opportunities to a child.

### **Responsibilities:**

- Having Fun!
- Providing mentorship to a child.
- Providing a **consistent & reliable** presence.
- Developing and maintaining trust.
- Commitment to growth and discovery through support and challenge.
- Maintaining regular contact with Big Brothers Big Sisters.
- Planning and scheduling your outings with your little and their family based on your schedule.

### **Qualifications:**

- The desire to want to make a difference in the life of a child.
- To be willing to have fun and act like a kid again.
- Be able to pass a criminal background check, motor vehicle record, interview and reference checks.
- Being self motivated as it is up to you to schedule your outings with your little.

### **Time Commitment:**

- 6-12 hours a month
- Minimum of 1 year

### **Benefits:**

- Making an impact and changing a child's life in a visible and noticeable way.
- Developing leadership and interpersonal skills.
- Gaining personal satisfaction: research shows that volunteering helps you stay healthy, keeps your brain sharp and allows you to escape from life stresses.
- Volunteering in an atmosphere that is youthful, upbeat, and prevention-based.
- Offers a connection to the community
- The opportunity to learn new skills, enhance existing ones and share your skills with a child.
- **Bringing some *MAGIC* into your own life.**

For More Information visit [www.bbbsco.org](http://www.bbbsco.org)

**BIG BROTHERS BIG SISTERS  
OF CENTRAL OREGON**  
*Volunteer Application*

First Name:	Middle Name:	Last Name:	Date of Birth:		
Home Address:		City:	County:	State:	Zip:
Social Security #	Home Ph #:	Work Ph #:	Cell #:		
Male Female	Employer:	Occupation:			
Employer's Address:		City:	State:	Zip:	
Email		Ethnicity:	Have you ever been convicted of a felony?		
Can We Contact You At Work? ___Yes ___No	Work Hours:	Best way to contact: (cell, email, etc.)			
Do you have a driver's license? ___Yes ___No	If yes, state of issue and #:	Expiration Date:			
Please list all cities and states outside of Oregon that you have lived in since you were 18:					
Please list all people living with you, with their full name and date of birth:					

**Residential History for the past three years:**

Dates	Address/City/State/Zip Code

**REFERENCES (3 names required)**

Please type or print information requested for three references: 1) your current or past 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 close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):		Supervisor's Name (or teacher if a student):			
Address:		City:	State:	Zip:	
Day Phone #:	Fax #:	Email:			
2. Coworker or Friend:					
Address:		City:	State:	Zip:	
Day Phone #:	Fax #:	Email:			

3. Spouse/Domestic Partner/Friend:			
Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	
Have you ever applied before (or have been) to be a Big Brother or Big Sister? ____ Yes ____ No		Where and When:	
What, if any, other youth organizations have you worked for or been involved with as a volunteer?			

**How did you hear about us?**

- Television Commercial
- Radio
- Other Media: \_\_\_\_\_
- BBBS National Website
- BBBS Local Website
- Company: \_\_\_\_\_
- Other Non-Profit or mentoring organization: \_\_\_\_\_
- School: \_\_\_\_\_
- Faith Organization: \_\_\_\_\_
- Special Event: \_\_\_\_\_
- Self or Always Known
- Other Big
- Neighbor/Friend

Other: \_\_\_\_\_

## *Volunteer 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

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

- Watching events or activities                       Actively participating in activities    Both

3. In identifying a youth for you to work with, are there any special considerations you want us to know about?

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

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

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

5. 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)

6. Do you have any pets that could potentially scratch or bite a child?

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

7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?

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

8. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so, please explain.

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

9. Would you be willing to work with a child who had experienced physical, emotional or sexual abuse?

- Yes       No

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

11. 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 \_\_\_\_\_

***Consent to Conduct the Complete Screening Process:***

I understand that the making of any willful misrepresentations or falsifications on this application or throughout the entire screening process will be grounds for rejection or disqualification from the volunteer position and may lead to other civil liability.

I understand that my eligibility for participation is subject to a strict set of guidelines set forth by the Big Brothers Big Sisters of America and the Advisory Board of this organization. I also understand that my compliance with these guidelines does not mean automatic acceptance into the program.

I understand that my acceptance or non-acceptance is based on information obtained during the screening process. I understand that all decisions made will be final.

This authorization and consent for release of personal information acknowledges that Big Brothers Big Sisters and/or its authorized agent may now, or at any time I volunteer with Big Brothers Big Sisters, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended, state driving records, financial or credit institutions, records of previous employment, criminal history information on file in local, state or federal agencies, or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I understand that at least three of the names I have listed will be contacted. I also authorize any custodian of my military service record, to release my military service record.

I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of Big Brothers Big Sisters. In addition, I release and discharge Big Brothers Big Sisters and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether I was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its contents and authorize the background verification.

During BBBS events and activities, photographs may be taken of Little Brothers/Sisters and their Big Brothers/Sisters that may be used for BBBS public relations purposes. Please check if you do \_\_\_ or do not \_\_\_ want your name and/or picture to be used in BBBS public relations materials (including the BBBS website: [www.bbbsco.org](http://www.bbbsco.org)).

**I have read and understand the above statements and consent to have Big Brothers Big Sisters of Central Oregon complete the full volunteer screening process for myself. I understand that my application to be a Big Brother/Big Sister may be denied based on the information gathered during the screening process or for other unrelated reasons.**

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Signature	Print name	Date
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Parent/Guardian signature (if a minor)	Print name	Date
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If you have any questions about this form or the application process, please call 541-312-6047. Please return this form to:

Big Brothers Big Sisters of Central Oregon  
2125 NE Daggett Lane  
Bend, OR 97701

# **BIG BROTHERS BIG SISTERS OF CENTRAL OREGON**

## *Volunteer Confidentiality Policy & Consent for Release of Information*

### **Confidentiality Policy**

Information about Big Brothers Big Sisters of Central Oregon clients is strictly confidential. Volunteers who are matched with a child are required to keep all information received or learned about a youth confidential. No information about a youth may be released to anyone outside of the program without the written permission of the parent/guardian of the client. Written permission must be arranged through the BBBS Case Manager.

The following reasons are the only exceptions to this policy:

- In a medical emergency, you may provide information to medical personnel who will be dealing with the emergency, only to the extent necessary to meet the emergency.
- If you suspect or know of any child abuse or neglect, you must report it to Big Brothers Big Sisters of Central Oregon. Big Brothers Big Sisters staff will then notify the appropriate agencies.
- Information may be released to law enforcement officers or emergency personnel if it is believed that it will prevent immediate harm or damage to or by the client.

### **Release of Information**

Information concerning volunteers that is received by the BBBS program is also kept confidential and may be released only as stated below or in the case of suspected child abuse, suspicion of harm to self or others, or by court-ordered subpoena.

**I have read the Confidentiality Policy and agree to abide by it in its entirety while volunteering as a Big Brother or Sister. Furthermore, I authorize this agency to release information about myself from my volunteer application, interview or other screening sources to prospective Little Brothers or Sisters, their parents/guardians and other agencies/schools involved with the child for the purpose of matching and supporting a match once it has been made.**

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Signature

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Date

**BIG BROTHERS BIG SISTERS  
OF CENTRAL OREGON**

*Volunteer Driver Agreement*

**PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S  
LICENSE & PROOF OF INSURANCE**

If the use of an automobile is necessary in performance of my duties as a Big Brother or Big Sister, I agree that:

1. *It will be operated in accordance with the traffic laws of the state in which it is driven.*
2. *The vehicle will be in safe mechanical condition.*
3. *If I am involved in an accident while on a volunteer assignment, I will notify the BBBS Case Manager as soon as possible.*
4. *I will not drive with any amount of alcohol in my blood while on an outing.*
5. *I will maintain valid liability and property damage insurance on my automobile.*
6. *I will not knowingly drive any uninsured vehicle while transporting youth in the Big Brothers Big Sisters program.*
7. *I understand that this agency does not provide primary insurance coverage for volunteers driving their own vehicles.*
8. *I understand that part of the screening process for BBBS of Central Oregon volunteers includes checking my motor vehicles driving record and verifying automobile insurance coverage through my agent or company.*

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Agent \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_