



(Please Print)

Date _____

Name _____,
(Last) (First) (Middle) (Maiden if applicable)

Birthdate _____ Ethnicity _____ Educational Level _____

Home Address _____
(Street, PO Box, Apt #) (City) (State) (Zip)

Employer _____ Occupation _____

Work Address _____
(Street, PO Box, Apt #) (City) (State) (Zip)

Primary Phone _____ Best Time to Call _____ Do Not Call _____

Work Phone _____ Best Time to Call _____ Do Not Call _____

E-mail Address _____

Marital Status _____ Length of Residence in Johnson County _____

Spouse/Significant Other _____ Phone # for Spouse/Significant Other _____

Children _____
(Name/Age)

VOLUNTEER ELIGIBILITY: BBBS will verify eligibility through interviews, personal/professional references, and background checks. If you have any questions regarding eligibility, please contact the Program Director at **337-2145** or **jill@bbbsjc.org**.

You must be able to answer **YES** to each of the following criteria. **READ EACH ITEM CAREFULLY!**

- I'm at least 18 years old.**
- I plan to be a long-term resident of the area. I am available to volunteer for at least the next 14 months.**
- I can commit to regular contact with a child (2-4 times a month).**
- I can commit to regular contact with BBBS program staff.**
- I can provide my own transportation.** (Must have a car, or dependable access to a car, and may have *no more than three* moving violations in the last three years.)
- I have been free of criminal convictions for at least one year.**

PERMANENT ADDRESS/EMERGENCY CONTACT:

Name _____ Relationship _____

Telephone (Day) _____ (Eve) _____

Address _____

VOLUNTEER REFERENCES:

REFERENCES should be in a position to evaluate your qualifications as a Big Brother or Big Sister. Please list references who know you well and can attest to your character. You may include ONE member of your family and ONE professional reference. Please **PRINT** complete information on the people you authorize us to contact.

1. Name _____ Relationship _____

Address _____
Street City State Zip

Phone (day) _____ (eve) _____ (email) _____

2. Name _____ Relationship _____

Address _____
Street City State Zip

Phone (day) _____ (eve) _____ (email) _____

3. Name _____ Relationship _____

Address _____
Street City State Zip

Phone (day) _____ (eve) _____ (email) _____

CONSENT/RELEASE:

I hereby authorize the Big Brothers Big Sisters of Johnson County Program to contact the references listed on this form.

I also confirm that the facts presented in my application to become a Big Brother Big Sister volunteer are true and complete. I understand that if my application is accepted, false statements on this application shall be considered sufficient cause for my termination from the program. I understand that this application does not obligate me to become a Big Brother Big Sister volunteer nor does it obligate the BBBS program to accept me as a volunteer. I know of no reasons why I cannot be accepted to work for the best interest of a child and I hereby grant my permission for BBBS of Johnson County to investigate my background as they see fit. I understand that if accepted as a volunteer, BBBS of Johnson County will continue to monitor my driving and criminal record.

Printed Name _____

Signature _____

Social Security Number _____

Return to: Big Brothers Big Sisters of Johnson County
4265 Oak Crest Hill Rd SE
Iowa City, IA 52246
email: jill@bbbsjc.org