

**Big Brothers Big Sisters of Ozaukee County**

885 Badger Circle, Grafton, WI 53024  
Phone: 262-377-0784 Fax: 262-377-7370  
Email: [contact@bbbsoz.org](mailto:contact@bbbsoz.org)

**VOLUNTEER APPLICATION**

Mentoring Opportunities: (check all that interest you) Community Based: \_\_\_\_ School Based: \_\_\_\_

First Name:		Middle Name:	Last Name:		(Maiden Name)	Date of Birth:	
Home Address:				City:		State:	Zip:
Email:			Home Ph #:	Work Ph #:		Cell Ph #:	
Male Female	Social Security #:		Employer:				
Address:			City:	State:	Zip:		
Occupation:			Ethnicity:	Marital Status:	Highest Level of Education:		
Can We Contact You At Work: ____ Yes ____ No		Work Hours:			How Long Employed:		
<b>You must have a valid driver's license to participate in our Community-based Program.</b>							
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #				Expiration date:	
Have you ever applied to be or have been 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?							
<i>If this experience was within the last 5 years, please provide a Contact name and phone number.</i>							
Contact Name:				Day Phone #:			
Have you ever been charged with a crime?    Yes    No			If YES, please describe:				

**Please Turn Over**

**REFERENCES**

Please type or print information requested for three references: 1) your Spouse/Domestic Partner or a close family member if no spouse/domestic partner; 2) your current or past employer or teacher who has known you for at least 1 year; 3) a co-worker, friend or neighbor who has known you personally for at least 2 years; 4) a co-worker, friend or neighbor who has known you personally for at least 2 years.

<b>1. Spouse/Domestic Partner or Close Family Member:</b>		
Day Phone #:	Evening Phone #:	Email:
<b>2. Your Employer's Name (or school if student):</b>		Supervisor's Name (or teacher if a student):
Day Phone #:	Evening Phone #:	Email:
<b>3. Coworker or Friend or Neighbor: (Please do not list family members or relatives)</b>		
Day Phone #:	Evening Phone #:	Email:
<b>4. Coworker or Friend or Neighbor: (Please do not list family members or relatives)</b>		
Day Phone #:	Evening Phone #:	Email:

I declare that the above information is true and correct and 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, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match me with a youth;
- 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Applicants Under 18 years of Age Parent/Guardian Signature is required for participation in the program.**

I give permission to Big Brothers Big Sisters of Ozaukee County to complete background checks, including driving records check, criminal background checks, and other records where required by local, state, or federal law for volunteers working with youth.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*I give my permission to use my picture or likeness of any form to promote BBBS of Ozaukee for Public Relations and Training purposes.

YES \_\_\_\_\_ NO \_\_\_\_\_