



# Big Brothers Big Sisters of Central Iowa Volunteer Application

Des Moines Office: 9051 Swanson Blvd., Clive Iowa 50325 (515) 288-9025 Fax: (515) 288-6191  
 Newton Office: 205 1st Ave. West, Suite B, Newton, IA 50208 (641) 792-4077 Fax: (641) 792-5152  
 Ottumwa Office: 312 E. Alta Vista, 4th Floor, Ottumwa, IA 52501 (641) 684-3270  
 Oskaloosa Office: 500 High Ave West, Oskaloosa, IA 52577

**PLEASE MAKE SURE INFORMATION IS FILLED OUT COMPLETELY.** Date: \_\_\_\_\_

Program Interested in: Community Based \_\_\_\_\_ School Based \_\_\_\_\_  
(4 hours a month, min. 1 year) (30-60 minutes per week)

Are you applying to be a: Big Brother \_\_\_\_\_ Big Sister \_\_\_\_\_ Big Duo \_\_\_\_\_ Family Match \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Place of Employment/School Attending \_\_\_\_\_

Work Phone \_\_\_\_\_ Can you be called at work? \_\_\_\_\_ Work Hours \_\_\_\_\_

How would you prefer we contact you \_\_\_\_\_

Current Marital Status Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Can you provide your own transportation? \_\_\_\_\_ Do you have car insurance? \_\_\_\_\_

Please list your auto insurance company and limits of liability \_\_\_\_\_

## EMPLOYMENT

Employer	Dates Employed	Title	FT/PT
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## EDUCATIONAL BACKGROUND

Name of school attended	Graduation date	Type of degree achieved
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High School \_\_\_\_\_

College \_\_\_\_\_

Technical / Trade \_\_\_\_\_

**REFERENCES**

Please list **FIVE** references for Community Based and **THREE** references if you are applying for School Based. Your references should be people you have known for at least one year and include males and females, a supervisor and only **ONE** family member. High School applicants need to include a parent/guardian and a teacher or school staff person.

**E-mail is the preferred method for contacting references.** Please list entire mailing address. Information will be kept confidential.

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

The primary purpose of Big Brothers Big Sisters of Central Iowa is to provide the friendship of a mature and well-adjusted person to a child who can benefit from such a relationship. Please complete the following questions. This information is confidential and is used only with professional discretion to understand your growth experiences.

1. Do you have any physical or mental problems, which would limit participation? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, please explain and give agency name and/or professional from whom you received service.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

2. Have you ever been ticketed, involved, arrested, or convicted of a misdemeanor or a felony (This includes alcohol & drug related charges)? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, list nature of offense and the date. \_\_\_\_\_

3. Have you ever been arrested and/or convicted of a crime that involved a minor? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, please explain \_\_\_\_\_

4. Have you ever been the subject of a child abuse investigation? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, was the allegation substantiated? No \_\_\_\_\_ Yes \_\_\_\_\_

I acknowledge and agree that I am not obligated, if called upon to perform the volunteer services herein applied for, and that Big Brothers Big Sisters of Central Iowa is not obligated to assign or seek to assign me to a Little Brother/Sister. I understand that if approved I agree to fulfill the commitment to my chosen program.

I understand that as a part of the matching process, the agency and professional staff through an interview and training process will elicit additional personal information from me. I certify that my statements in the application are true complete and correct to the best of my knowledge and belief. I hereby authorize Big Brothers Big Sisters of Central Iowa to contact the references listed on the application form and to conduct whatever investigation it may deem necessary to determine if I can become an effective Big Brother or Big Sister.

Signature \_\_\_\_\_ Date \_\_\_\_\_