



**VOLUNTEER APPLICATION - HNBA**



**(Please FAX or EMAIL this application prior to your interview – or bring the COMPLETED application to your interview)**

First Name:		Middle Name:		Last Name:		Date of Birth: - -	
Current Address:				City:		State: <b>FLORIDA</b>	
Email:		Home Ph #: ( ) -		Work Ph #: ( ) -		Cell Ph #: ( ) -	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #(required): - -		Ethnicity:		Marital Status:	
Referral Source:			Occupation:			Level of Education:	
Employer or School Name:				How Long Employed: Years      Months		Expected Graduation Date: Month      Year	
Employment or School Address:				City:		State: Zip:	
Job Position:				Can We Contact You At Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Best Time To Call:	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Issue:		Driver's License #:		Expiration date: - -	
Have you ever applied to be a Big Brother or Big Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No				Where:		When:	
At this time, which of our programs are you most interested in? <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> School to Work <input type="checkbox"/> Other _____							

**I understand that:**

1. The references I list may be contacted by mail, telephone, or email.
2. This application in no way obligates me to perform any volunteer services.
3. The information I provide may be used to conduct a background check, driving record check and/or any other information required by local, state, or federal law for volunteers working with youth.
4. BBBS is not obligated to match me with a youth.
5. As part of the enrollment process, I might be asked to provide additional personal information prior to receiving any recommendations for assignment.
6. Proof of a **DRIVER'S LICENSE AND COPY OF AUTO INSURANCE** is required to participate in the **COMMUNITY BASED PROGRAM**.

\_\_\_\_\_  
 Signature (Handwritten or Digital Only)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Date)

If applicable, please denote your maiden (birth) name: \_\_\_\_\_

## REFERENCES

Please **provide** the following information requested for your **references**:

1. Your current or past **employer** who has known you **at least 1 year**.
2. A **co-worker or friend** who has known you **at least 2 years**.
3. A **family member or friend** who has known you **at least 3 years**.
4. A **close family member** (spouse/domestic partner) **or friend** who has known you **at least 4 years**.

**APPLICANT NAME**

\_\_\_\_\_

**\*Providing information for 3 references is required. Providing a 4th reference is optional; it will help expedite your enrollment process.**

<b>1. Supervisor's Name (or teacher if a student):</b> (has known you at least 1 year) If self-employed, leave this section blank and continue to reference 2				Name:		Last Name:	
Address:				City:		State:	Zip:
Day Phone #: ( ) -		Additional Ph #: ( ) -		Fax #: ( ) -		Email:	
<b>2. Coworker or Friend</b> who has known you <b>at least 2 years</b> :				Name:		Last Name:	
Address:				City:		State:	Zip:
Day Phone #: ( ) -		Additional Ph #: ( ) -		Fax #: ( ) -		Email:	
<b>3. Family Member/Friend</b> who has known you <b>at least 3 years</b> :				Name:		Last Name:	
Address:				City:		State:	Zip:
Day Phone #: ( ) -		Additional Ph #: ( ) -		Fax #: ( ) -		Email:	
<b>4. Spouse/Domestic Partner/Guardian/Friend</b> who has known you <b>at least 4 years</b> :				Name:		Last Name:	
Address:				City:		State:	Zip:
Day Phone #: ( ) -		Additional Ph #: ( ) -		Fax #: ( ) -		Email:	

**WAIVER**

I, \_\_\_\_\_, hereby waive any privacy or other privilege I might have and authorize the State of Florida Department of Law Enforcement to check my name in its criminal records, and if there are any entries therein to copy such and deliver copies of any such entries or other references to Big Brothers Big Sisters of Greater Miami. This waiver is executed with full knowledge and understanding that the information is for the use of Big Brothers Big Sisters of Greater Miami in evaluating my application for membership in the organization, particularly my worthiness of character as an influence on young persons I may come into contact with as a member of that organization.

\_\_\_\_\_  
**Signature (Handwritten or Digital Only)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**(Date)**

701 S.W. 27th Avenue, Suite 800  
Miami, Florida 33135  
Website: www.wementor.org



**Big Brothers Big Sisters**  
of Greater Miami  
& Mentoring Resource Center

Tel: (305) 644-0066  
Fax: (305) 649-6358  
E-mail: info@bbbsmiami.org

## VOLUNTEER PROCESSING CONTRIBUTION

Prospective volunteers are asked and encouraged to make a one-time contribution of \$50 to offset volunteer processing costs. If you are unable to contribute this amount, any donation is greatly appreciated. Please check the appropriate box below.

- I am pleased to donate \$50 to help offset processing costs.
- I am pleased to donate \$ \_\_\_\_\_ to assist Big Brothers Big Sisters.
- No thank you. I am excited about being a volunteer.

**Any contribution does NOT guarantee or expedite acceptance and/or matching as a BBBS volunteer.** All prospective volunteers must meet our eligibility requirements and submit to our enrollment and background screening process. A check or credit card contribution is preferable. **(Sorry...we cannot accept cash.)**

### CHECK INFORMATION

Check Number: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_ CVV2: \_\_\_\_\_



The 3 or 4 digit security number on the back of your card

### BILLING INFORMATION

Name as printed on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Handwritten or Digital Only)

You can also make this contribution online on our secure website at [www.wementor.org](http://www.wementor.org) or click [DONATE](#) if using this form electronically. Please designate your contribution as **APPLICATION** in the comments section.

Received by: \_\_\_\_\_  
BBBS Staff Name

\_\_\_\_\_  
BBBS Staff Signature