



535 East Franklin Street
 Trenton, NJ 08610
 609-656-1000 (telephone)
 609-656-1122 (fax)
 www.bbbsmercer.org

VOLUNTEER APPLICATION

I would like to volunteer for the following program: School-based ___ **OR** Community-Based ___

NAME _____ SEX: MALE ___ FEMALE ___

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ Can you be contacted at work? YES ___ NO ___

E-MAIL ADDRESS _____

BACKGROUND INFORMATION *(Please Attach Resume if Available)*

ETHNICITY: CAUCASIAN ___ AFRICAN-AMERICAN ___ LATINO ___ ASIAN ___ OTHER _____

EDUCATION (specify diploma/degree) _____ SCHOOL ATTENDED _____

MARITAL STATUS: MARRIED ___ SINGLE ___ DIVORCED ___ SEPARATED ___ WIDOWED ___

SPOUSE'S NAME (if applicable) _____ IF YOU HAVE CHILDREN, LIST THEIR NAMES AND AGES: _____

GROUP AFFILIATION(S) (ie Sorority, Fraternity, Community Groups) _____

IF YOU HAVE EXPERIENCE WORKING WITH OR VOLUNTEERING WITH CHILDREN, PLEASE INCLUDE A PERSON AT THAT ORGANIZATION WHOM WE COULD CONTACT:

NAME _____	TITLE _____
ADDRESS _____	PHONE _____
_____	EMAIL _____

EMPLOYMENT INFORMATION

YOUR OCCUPATION _____

EMPLOYER'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK HOURS _____ DATE HIRED _____

How did you hear about our program? _____

REFERENCES

EMPLOYER/SUPERVISOR (Known at least 1 yr) _____

HOME PHONE _____ **WORK/CELL PHONE** _____

EMAIL ADDRESS _____

CO-WORKER (Known at least 3 yrs) _____

HOME PHONE _____ **WORK/CELL PHONE** _____

EMAIL ADDRESS _____

SPOUSE/PARTNER (if applicable) or RELATIVE _____

HOME PHONE _____ **WORK/CELL PHONE** _____

EMAIL ADDRESS _____

FRIEND (Known at least 2 yrs) _____

HOME PHONE _____ **WORK/CELL PHONE** _____

EMAIL ADDRESS _____

RELEASE AND AUTHORIZATION

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR VOLUNTEER PURPOSES.

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including information about your general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics, and a summary of your rights.

RELEASE AND AUTHORIZE

I voluntarily and knowingly, for volunteer purposes only give permission to institution of learning, law enforcement agency, state agency, federal agency, consumer reporting agency, employer, military branch, personal reference and/or other persons to give records or information they have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested by Big Brothers Big Sisters. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed. An e-mailed, photographic, or faxed copy of the authorization shall be valid as the original. Big Brothers Big Sisters of Mercer County, Inc. reserves the right to conduct annual reviews as deemed necessary. **I also give permission for Big Brothers Big Sisters of Mercer County and BBBSNJ to use my name in news articles and for my photo to be taken and used for publicity purposes and/or for submission to funders.**

Full Name (Type or Print Legibly)

Other Names Used: (Maiden, Divorced, Alias, Etc.)

Social Security Number

Date of Birth*

Driver's License Number

State of Issue Exp. Date

Have you been convicted of any crime? ___ Yes ___ No If yes, Charge: _____

Are there any Criminal Charges pending against you? ___ Yes ___ No If yes, Charge: _____

Please provide us with your home addresses for the past 7 years:

Street Address City State Zip County Phone No. Dates

1. _____

2. _____

3. _____

4. _____

I certify that the above information is true and accurate to the best of my knowledge. I give my consent to Big Brothers Big Sisters of Mercer County, Inc. to contact the above references to secure information on my character, reputation, and morals. I also consent to a police records/background check on me.

SIGNATURE _____ **DATE** _____

*Date of Birth Used Exclusively For Background Verification Purposes Specific to Assist the Criminal and Driving History Verifications.

CONFIDENTIALITY POLICY

In order for Big Brothers Big Sisters of Mercer County to provide a responsible and professional service to clients it is necessary for volunteers, clients & parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. This information is collected during an interview and is used to create a profile of the applicant. This profile will be used by the agency to best match you with a Little Brother/Little Sister. A similar profile of a child and child's family will be discussed with you to insure that your desires will be respected.

Relevant information shall be provided to the parties involved, however, the name or names of the parties described shall be kept confidential before a match is made. **Any party has a right to refuse to enter into the match based upon the information so communicated, and the agency is not obligated to assign or actively seek to assign, him/her a Little Brother/Little Sister. In the event of denial to participate in the program the reason for denial need not be given.**

All records (including written, video, file, picture or use of prospective client or prospective volunteer's name in agency publications) are considered the property of the agency and not the agency workers or clients or volunteers themselves. In order to provide a service which is in the best interest of the children served by the program, information from outside sources, including confidential references, must be assessed along with information gained from the clients or volunteers themselves. Records are not available for review by the clients or volunteers. Records are kept at the Big Brothers Big Sisters agency in areas that are only accessible to the agency's staff and aren't available for review by the clients, parents and/or volunteers.

The agency respects the confidentiality of clients & volunteer records and shares information about clients and volunteers only among the agency professional staff with the exception of situations listed below:

1. Information will be released to other individuals or organizations only upon request (written or oral) of the parent or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers/Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
4. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review and the period of time during which access shall be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and law protects its confidentiality.
7. New Jersey State Law mandates that suspected child abuse be reported to the appropriate authorities (Division of Youth and Family Services). All workers are responsible for staying abreast of such reporting requirements and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to him or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

I have read and understand the above document that states the agency policy with respect to confidentiality of client and volunteer records. I agree to keep all information regarding the individual involved in the match confidential. I agree to program participation under the conditions it sets forth.

Signature of Volunteer

Date