



Volunteer Application

Being a Big Brother or Big Sister volunteer with Big Brothers Big Sisters of Massachusetts Bay is simple. Volunteers share a little fun for a couple of hours a couple of times a month with a great kid! You can visit a museum, ride bikes, or just hang out- you decide. The program is flexible to accommodate your individual needs and schedule.

Get started today! Simply complete this application. Once your completed and signed application is received, we will contact you to arrange or confirm an appointment with one of our staff members. All information received is confidential and becomes property of the agency.

Big Brothers Big Sisters of Massachusetts Bay does not discriminate on the basis of race, ethnicity, sexual orientation, gender identity, religion or physical disability.

Please type or print

Name: _____
Last First MI

Aliases*/Nicknames: _____
(*include maiden names) Last First MI

- Male
- Female

Social Security Number* _____ Date of Birth _____
(* - if you prefer, you may provide this information at a later date)

Present Address

No. Street (Apt.)

City State Zip

Cell Phone _____ Alternate Phone _____

Email(s) _____

When/Where is the best time to contact you during the week: _____

Have you ever applied before to be a Big? Yes No

If yes, where and when: _____

I understand that: (1) this application in no way obligates me to perform any volunteer services; (2) the information I provide may be used to conduct background checks to include driving records check, and other records where required by local, state, or federal law for volunteers working with youth; (3) BBBSMB is not obligated to match potential volunteers with a youth; (4) as part of BBBSMB's enrollment process volunteers will be asked to provide additional personal information prior to making any recommendations for assignment; (5) information gathered may be shared with Potential Littles and Parent/Guardians as part of the matching process.

Big Brothers Big Sisters of Massachusetts Bay has been certified as a child mentoring program by the Criminal History System Board (CHSB) and may receive Criminal Offender Record Information (CORI), pursuant to M.G.L.c.6, § 172 (c), for employees and volunteers who have potential for unmonitored access to children. Therefore, by completing this form you consent to and understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify you from participation.

Signature: _____ Date: _____



Permissions

Please read this document in its entirety. By checking each box below, you are agreeing with Big Brothers Big Sisters of Massachusetts Bay (BBBSMB) to the following terms:

REQUIRED

- I agree to answer all of BBBSMB's questions in a truthful manner. I will disclose all available information with BBBSMB staff and will make child safety a top priority
- I agree to allow BBBSMB staff (a certified child mentoring program by the Criminal History System Board) to request and receive Criminal Offender Record Information (CORI) pursuant to M.G.L.c.6, § 172(c) for volunteers who may have unmonitored access to children. I also fully release, indemnify, and discharge BBBSMB to seek information as available through national criminal record checks, SSN verifications and MVR record checks. I understand that all legal record checks will be conducted to review conviction and pending criminal case information only and that this information will be used to evaluate my potential for participation. I understand that the contents of a criminal record will not be distributed in accordance with M.G.L.c.6. §167-178, et seq.
- I agree to and understand my role in keeping all information provided about a child(ren) and guardian(s) confidential. I accept responsibility to maintain the complete confidentiality of all personal information, documents and parties who are engaged in this partnership. This includes refraining from divulging, duplicating or making known information obtained during or after my matching process with BBBSMB staff. I understand that a breach of confidentiality may result in termination from the BBBSMB program and/or other legal remedies
- I agree to and understand that all confidential information provided by BBBSMB is based on professional judgment. I understand that information is solicited in an interview setting. Summarizations may contain subjective information and, thusly, there is potential for factual and/or other inaccuracies
- I agree to grant permission to BBBSMB staff to pursue information from relevant 3rd parties (including youth serving organizations, significant others, etc) with insight about my appropriateness as a mentor figure that may have unmonitored access to a child

OPTIONAL

- I agree to allow BBBSMB staff and media representatives to take my photograph at BBBSMB events. I understand that photographs and videos may be used to promote the mission of BBBSMB
- I agree to allow BBBSMB representatives and media representatives to use my name in connection with any photographs and or videos used for publicity purposes

Signature: _____ Date: _____

