



**Big Brothers Big Sisters**  
of East Tennessee

119 W. Summit Hill Dr, Ste101  
Knoxville, TN 37902  
Office: (865) 523-2179  
Fax: (865) 524-3466  
info@bbsetn.org

**VOLUNTEER APPLICATION**

Program Interest:  Community Based – Volunteer must be 19 years or older  
 School Based – Volunteer must be 16 years or older

First Name:		Middle Name:		Last Name:		Preferred Name to be called:	
Local Address:			City:		County:	State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:	
Social Security #:	Male	Female	Ethnicity:		Marital Status:		Highest Level of Education:
Employer:				Occupation:			
Address:			City:			State:	Zip:
Can We Contact You At Work:		Work Hours:			How Long Employed:		
Yes _____ No _____							
Are you currently a student?		If yes, name of school:			Year in school:		
Yes _____ No _____							

Length of membership/attendance at Church \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

Have you ever been charged with a crime other than a minor traffic violation?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate for what role you would like to volunteer:**

\_\_\_\_\_ Regular Mentor (If so, please identify who you will ask to be your Prayer Partner): \_\_\_\_\_  
\_\_\_\_\_ Prayer Partner  
\_\_\_\_\_ Occasional Special Projects

**Please indicate the days and times you are available to give one hour:**

Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.



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### REFERENCES

Please list four references who have known you for more than a year and at least two who **have observed you around children**. Please include the following: a spouse or significant other (if neither is applicable please list a family member), a supervisor/teacher/professor, a personal reference and any youth serving agency you have worked with within the last 5 years. **Do not include more than one family member.**

1. Name:	Day Phone #:	Cell Phone #:	Other Phone #:
Spouse or significant other (if no spouse or significant other please list a family member):		Email Address:	
2. Name:	Day Phone #:	Cell Phone #:	Other Phone #:
Supervisor, teacher or professor:		Email Address:	
3. Name:	Day Phone #:	Cell Phone #:	Other Phone #:
Personal:		Email Address:	
4. Name:	Day Phone #:	Cell Phone #:	Other Phone #:
Youth Serving Agency (within last 5 years):		Email Address:	
Have you ever applied to be, or been a Big Brother or Big Sister? Yes    No		Where and When:	
Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big?    Yes    No		Where and When:	
Would you be interested in serving with our Amachi/Mentoring Children of Prisoners program (Community-based only)? Yes                      No			
What, if any, other youth organizations have you worked for or been involved with as a volunteer?			
How did you hear about our program?			



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I 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) Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.
- 6) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 7) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.
- 8) I understand that Volunteer Big Brothers and Big Sisters, as well as the children BBBS serves, their parents/guardians and BBBS staff and Board Members, are not excluded on the basis of race, color, religion, national origin, gender, marital status, sexual orientation, gender identity, veteran status, or disability.
- 9) Parents are given the opportunity to express volunteer preferences in a match and those preferences are honored;
- 10) If I am accepted as a Big Brother/Big Sister, I understand my obligation to meet with my Little Brother/Sister regularly and to inform BBBS agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the BBBS staff and discontinue my service if I am requested to do so by the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Volunteer Pledge**

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff, under their guidance. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attendee of this church, I agree to be accountable to the leadership of this church regarding my Christian life and witness according to the biblical witness of this Church and in all aspects of conduct and performance related to this volunteer position. I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and witness for volunteer service. I understand that a very positive benefit, when working with students, is the relationship developed between the volunteer and student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**CONFIDENTIALITY POLICY**

*Big Brothers Big Sisters of East Tennessee respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.*

*All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.*

1. Information will be released to other individuals or non-BBBS organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
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.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
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 litigation or potential litigation involving the agency.
7. State law mandates that suspected child abuse be reported to the Tennessee Department of Children's Services. BBBS will cooperate with any investigation initiated by the Tennessee Department of Children's Services.
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself 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.
9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, sex, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as age, sex, race, religion, interests, hobbies, family situation, etc.

***I agree to program participation under the above conditions. I further agree that I will not share identifying confidential information with anyone outside the agency, including family, friends, or community members, without the written consent of the persons involved (parent or guardian of a client or youth volunteer, or the adult volunteer). I also acknowledge that such information should be shared judiciously even within the ranks of Big Brothers Big Sisters, only with persons who have a specific need to know the information, and only in situations where others would not overhear such communication.***

\_\_\_\_\_  
Client's/Volunteer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date