



BIG BROTHERS BIG SISTERS®
of Greater Cleveland

1422 Euclid Avenue, Suite #552

Cleveland, Ohio 44115

Phone: 216/621-8223

Fax: 216/621-1322

VOLUNTEER PRE-ENROLLMENT

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:		
Male Female		Social Security #:		Employer:				
Address:			City:		State:		Zip:	
Occupation:			Ethnicity:		Marital Status:		Highest Level of Education:	
Can We Contact You At Work: ____ Yes ____ No		Work Hours:			How Long Employed:			
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.								
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #			Expiration date:			

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker, friend or neighbor who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):			Supervisor's Name (or teacher if a student):				
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
2. Coworker or Friend or Neighbor:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
3. Spouse/Domestic Partner/Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No					Where and When:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							
Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? Yes No					Where and When:		

Acceptance into the program is contingent on our completing a national criminal background check and driving record check.****

Please list below your city, county, and state of residence for the past seven (7) years:

1. City: _____ State: _____
County: _____ How long at this address: From _____ to _____
2. City: _____ State: _____
County: _____ How long at this address: From _____ to _____
3. City: _____ State: _____
County: _____ How long at this address: From _____ to _____
4. City: _____ State: _____
County: _____ How long at this address: From _____ to _____
5. City: _____ State: _____
County: _____ How long at this address: From _____ to _____
6. City: _____ State: _____
County: _____ How long at this address: From _____ to _____

**** Please enclose \$10.00 (ten) fee for Big Brothers Big Sisters of Greater Cleveland to complete your background check. ****

Payment: Cash Check Visa or Mastercard Number: _____ Exp. Date: _____

Signature For Charged Background Checks: _____

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) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Signature

Date