

**Big Brothers Big Sisters of Flathead County
VOLUNTEER ENROLLMENT**

First Name:		Middle Name:	Last Name:		Date of Birth:	
Home Address:		City:		County:	State:	Zip:
Mailing Address:						
Email:		Home Ph #:	Work/ Cell Ph #:		FAX:	
Male Female		Social Security #:		Email:		
Employer Address:			City:		State:	Zip:
Occupation:			Ethnicity:			
Can We Contact You At Work: Yes No		Work Hours:		How Long Employed:		
I want to be a Lunch Pail Pal Volunteer _____ Community Based Volunteer _____						
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:		
Do you have auto insurance that complies with MT state law? Yes No		Auto Insurance Company:		Policy Number: Exp. 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 or friend who has known you for at least 2 year; 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:						
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?						

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Were you moved to volunteer by something you read, watched on television, or heard on the radio? What/ Where? Other?

I understand that:

- 1) I agree to notify the agency of any changes in my auto insurance. 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 you with a youth; and,
- 5) As part of our enrollment processes, we will be asking you to provide additional personal information prior to make any recommendations for assignment.

Signature

Date

***The cost of background checks for volunteers is \$18.50 for community-based volunteers, and \$11.50 for Lunch Pail Pals.**

Can you supply this fee? Y_____ N_____

If it's a hardship for you to pay this fee, BBBSFC will provide it for you, no questions asked.

If you are able to pay, please include a check made out to BBBSFC when you send your paperwork back.

Thanks so much!