



Family Service Agency
Over the Generations: Four Paths. One Purpose.



Big Brothers Big Sisters
 of DeKalb County

14 Health Services Drive, DeKalb, IL 60115
 Phone: 815-758-8616 Fax: 815-758-7569
 Email: bbbsdekalbcounty@fsadekalbcounty.org
 Website: www.fsadekalbcounty.org

VOLUNTEER APPLICATION

Please answer the following questions concerning your personal history. This information is in place in order to comply with our data entry system. Some questions are asked for matching purposes and will not affect application status but are essential for a thorough evaluation.

First Name: _____ Middle Name: _____ Last Name: _____

Maiden name or other name(s) you have used or are using: _____

Social Security #: _____ Date of Birth: _____

Gender: Male Female Ethnic Background: _____

Religion: _____ Languages Spoken: _____

Location (township): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Telephone: _____

Other Telephone (please specify cellular, pager, voice mail): _____

How long at present address: _____ If you are a student, please list your permanent address:

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Telephone: _____

Place of Birth: _____

Emergency Contact Name: _____ Telephone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Please list all persons living in your home age 18 and over:

1. First Name: _____ MI: _____ Last Name: _____ B/D: _____
2. First Name: _____ MI: _____ Last Name: _____ B/D: _____
3. First Name: _____ MI: _____ Last Name: _____ B/D: _____
4. First Name: _____ MI: _____ Last Name: _____ B/D: _____



**Authorization to Investigate and Verify
Personal Background Information**

CONSENT / RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING

The facts presented in my application to become a Volunteer are true and complete and may be substantiated by Big Brothers Big Sisters of DeKalb County. I understand that if my application is accepted, false statements, misrepresentations or omissions on this application shall be considered sufficient cause for termination from the program.

I authorize Family Service Agency, Big Brothers Big Sisters of DeKalb County to investigate my background and authorize all law enforcement agencies to release all information concerning my background and suitability to become a Volunteer. I further release them from any liability or claim of any sort for providing background information concerning me.

I hereby release Family Service Agency, Big Brothers Big Sisters of DeKalb County, its employees, agents, directors and all others concerned with investigating my background from any liability or claim arising from investigating and gathering information concerning me or otherwise verifying the information on this application.

Information, which is considered relevant, will be shared with the child's parent in determining whether a child or volunteer may be considered for a match. Information shared may include such items as: age, sex, race, religion, interests, hobbies, family status, sexual orientation, living situation, etc. However, the name or names of the parties described is held confidential until all persons have agreed to a match. Any person has the right to refuse to accept a proposed match based upon the information that is provided to him or her, however this information gathered has no direct bearing on a child or volunteer being accepted to the program.

I understand that the Family Service Agency, Big Brothers Big Sisters of DeKalb County is **not obligated to provide a reason in the event my application is not accepted.** I understand and agree that I am not obligated, if called upon, to perform services of a Big Brother or Big Sister and that Family Service Agency, Big Brothers Big Sisters of DeKalb County is not obligated to assign or actively seek to assign a child to me.

Name _____ **Signature** _____
Please print

Date _____



REFERENCES

Please legibly **PRINT** the names, mailing addresses and phone numbers of four (4) people who have know you **one or more years**. Your references do not need to be local residents; they should know you well, be in a position to evaluate your qualifications to be a Big Brother / Big Sister and be willing to complete a reference form. **They cannot be dating relationships and/or relatives.**

1). **Personal reference:**

NAME _____ Relationship _____

ADDRESS _____
Street City State Zip

PHONE: (Day) _____ (Evening) _____

EMAIL _____

2). **Personal or Community Reference:**

NAME _____ Relationship _____

ADDRESS _____
Street City State Zip

PHONE: (Day) _____ (Evening) _____

EMAIL _____

3). **Community member or Mental Counselor / Therapist reference:**

**If you are currently in mental counseling / psychotherapy, or have had mental counseling within the last two (2) years BBBS requires you to list your mental counselor as one of your references.

NAME _____ Relationship _____

ADDRESS _____
Street City State Zip

PHONE: (Day) _____ (Evening) _____

EMAIL _____

4). **Employer / Supervisor reference:**

NAME _____ Relationship _____

ADDRESS _____
Street City State Zip

PHONE: (Day) _____ (Evening) _____

EMAIL: _____

I authorize Big Brothers Big Sisters of DeKalb County to contact the references cited above, in order to help determine my eligibility to be enrolled in one of their programs.

Signature: _____