



**Big Brothers Big Sisters**  
of Metropolitan Chicago

✓ **Check list to confirm you meet the minimum requirements**

- I am at least 18 years old
- I meet one of the following residency criteria:
  1. Be a US citizen and lived in the US at least 12 months prior to applying
  2. Be a legal US resident for the past 2 years
  3. Have a valid student or workers visa for the past 2 years
- I can commit to a minimum of a 1 year relationship.
- I can commit to attending, at minimum, 80% of program sessions.
- I allow the agency to conduct a thorough Criminal Background Check and Public Domain Search
- I am willing to disclose and discuss current and previous medical and mental health conditions
  - If you have currently, or in the past, been diagnosed with a medical condition, mental health condition, and/or are seeing a medical or mental health provider for any reason we will ask that you provide your authorization for us to secure information from that medical or mental health provider.
- I am willing to pay a one-time application fee of \$35, please note this fee is waived for Workplace and University mentoring programs.

Please note that we are not able to move forward with volunteers that have Felony Charges on their background check or volunteers that have excessive petty offenses, misdemeanors, or excessive moving violations. If you have concerns about your record and would like clarification please reach out to us ASAP.

**Please sign and return along with application**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## BBBSMC SITE-BASED VOLUNTEER APPLICATION

Please print to complete all forms. Original signatures are needed. You may return the forms via fax to:  
**312-427-0760** or scan and email to: **sitebasedapp@bbbschgo.org**. Or mail originals to: BBBS  
 Metropolitan Chicago; 560 W. Lake, 5th Floor; Chicago, Illinois 60661.  
 Call us with questions at 312-207-5600.

**Name of School or Site where you would like to volunteer:** \_\_\_\_\_

First Name:	Middle Initial:	Last Name:
Current Address:		City: State and Zip:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		County:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mixed Race _____ <input type="checkbox"/> Other _____		Social Security #:
Home Ph:		Highest Level of Education:
Work Ph:		Email:
Cell Ph:		Occupation:
Employer:		Length of Employment:
Address:		City: State and Zip:
<input type="checkbox"/> Please do NOT contact me at work		Work Hours:

### EXPERIENCE WITH CHILDREN REFERENCES

<b>Experience with Children References</b>	
If you have worked with children in any capacity (volunteer and/or paid) in the last <b>FIVE</b> years, please list the name and contact information of your supervisor. If you have EVER volunteered for this or another BBBS agency in the past, please list the name of that agency, the year(s) you volunteered and, if possible, the name of your Program Coordinator or Match Support Specialist. Please put as much information as you can remember. <b><i>These references must be checked in order for us to complete your file!</i></b>	
Organization Name:	Supervisor:
City/State:	Phone #:
Month/Year Participated:	Your Role:
Organization Name:	Supervisor:
City/State:	Phone #:
Month/Year Participated:	Your Role:

**PERSONAL AND PROFESSIONAL REFERENCES**

<b>Employer Reference or Academic Supervisor</b>	
Name of Current Workplace/Academic Supervisor:	Daytime Phone Number:
E-mail Address:	Evening Phone Number:
<b>Spouse, Spousal Equivalent or Domestic Partner who can provide a character reference (if n/a, please provide a relative) Please specify relationship: _____</b>	
Name of Reference:	Daytime Phone Number:
E-mail Address:	Evening Phone Number:
<b>Personal Reference who has known you over 1 year and seen you interact with children Please specify relationship (i.e. friend, co-worker, etc.) _____</b>	
Name of Personal Reference:	Daytime Phone Number:
E-mail Address:	Evening Phone Number:
<b>Personal Reference who has known you over 1 year and seen you interact with children Please specify relationship (i.e. relative, friend, co-worker, etc.) _____</b>	
Name of Personal Reference:	Daytime Phone Number:
E-mail Address:	Evening Phone Number:
Have you ever been involved in the past with Big Brothers Big Sisters in any capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what, where and when?	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Have you ever had any involvement with Department of Child and Family Services (DCFS) or other child protection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Do you speak any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Do you have transportation available to your selected Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you current or retired military personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch:	

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 and the BBBS agency is not obligated to match me with a youth;
- 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) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references;
- 5) As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for acceptance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT AND RELEASE

Please read and initial each item.

\_\_\_\_\_I authorize Big Brothers Big Sisters of Metropolitan Chicago ("BBBSMC"), its staff and its agents, to investigate my background, health, character and personal history in any manner it sees fit, and, I authorize all persons, companies, schools, law enforcement, and other agencies to release to BBBSMC all information concerning such subjects and otherwise concerning my suitability to become a volunteer. I understand that this may include, but is not limited to, an arrest record check through the Illinois State Police and a driving record check through the Illinois Secretary of State's Office. I also understand this information will be used to determine my eligibility to be a Big Brother/Big Sister. I understand that if I am accepted to be a volunteer, BBBSMC will conduct ongoing criminal background and driving record checks periodically while I remain a volunteer.

\_\_\_\_\_I, for myself, my heirs, executors and administrators, hereby release and forever discharge BBBSMC, its officers, directors, employees and agents, and all other personnel, companies, schools, organizations, law enforcement and other agencies and their officers, directors, employees and agents from any and all causes of action, suits, damages, liabilities, costs, debts, sums of money, claims and demands of any sort whatsoever, and any and all related attorney's fees, court costs and other expenses, in each case that result from or relate to my relationship with any youth I volunteer to mentor or that otherwise result from or relate to my services as a volunteer or my application to become a volunteer. I acknowledge that my services as a volunteer may include activities in areas that may have a higher than average incidence of crime, and the foregoing release and discharge covers, without limitation, any damages or injury I may sustain while engaged in activities related to BBBSMC.

\_\_\_\_\_I give permission for any staff member of BBBSMC to review all information contained in my volunteer file for the purpose of matching, evaluation, program audit and staff training. I also give permission to BBBSMC's Program Committee and to the staff and agents of Big Brothers Big Sisters of America to review my volunteer file in connection with their periodic audit for purposes of evaluation.

\_\_\_\_\_I understand that all information obtained from me or about me will be held in confidence by BBBSMC. I will only have access to my application. All other information concerning me, including but not limited to information derived from my references, the investigative process, interviews or otherwise, will be the sole property of BBBSMC. BBBSMC will not release to outside sources, unless required by law, information from my volunteer file other than verification that I am a volunteer, without my prior written consent.

\_\_\_\_\_I hereby grant permission to BBBSMC and its agency partners (i.e. corporate partners, school partners, community partners, donors, etc.) to utilize my image, likeness, actions and statements made during the course of my participation as a Big in the BBBSMC program in any live or recorded audio, video, or photographic display or other transmission, including social media, exhibition, publication or reproduction in any medium or context, and for publicity/promotion by BBBSMC without further authorization or compensation. \*\*If you do not want to consent to media/social media release, please inform a BBBSMC staff member.

\_\_\_\_\_I understand that as a BBBSMC volunteer I am required to notify BBBSMC promptly of any changes in the information I have provided during the application process that may alter my ability to serve in the capacity for which I have applied, including any changes in medical, psychological, or arrest history. I understand that such information may be released to the parent or guardian of a child with whom I am matched, and I consent to the release of such information.

\_\_\_\_\_I understand that BBBSMC reserves the right to reject a candidate for any reason that BBBSMC, in its sole judgment, determines will or may affect either the best interests of a Little Brother/Little Sister or BBBSMC. Furthermore, BBBSMC reserves the right to withhold the reasons for such refusal.

A copy of this release may be used in lieu of the original.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
For Programs NOT Licensed by DCFS

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

\_\_\_\_\_  
Signed Date

Big Brothers Big Sisters of Metropolitan Chicago

ATTN: Customer Relations  
560 West Lake Street, 5<sup>th</sup> Floor  
Chicago, Illinois 60661  
Fax: 312-427-0760