



VOLUNTEER APPLICATION

_____ Community Based _____ School Based

_____ Marshalltown Schools _____ State Center/WM Schools _____ BCL-UW

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to bbbsoffice@gmail.com or fax to 641-752-6370; or hand deliver or mail to 31 S. 1st Street, Marshalltown, Iowa 50158. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

GENERAL INFORMATION

First Name:	Middle Name:	Last Name:	Preferred Name :		
Home Phone #	Work Phone #:	Cell Phone #:	Is it okay to text you? Yes No Cell phone Provider:		
Home Address:		City:	County:	State:	Zip:
Personal E-mail:	Work E-mail:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)			
Social Security Number:		Gender:	Marital Status:		
Date of Birth:		If applicable, maiden name:			
Race/Ethnicity:					
_____ American Indian or Alaska Native		_____ Other			
_____ Asian		_____ Multi-race (check all that apply)			
_____ Black or African American		American Indian or Alaska Native			
_____ Hispanic or Latino		Asian			
_____ Native Hawaiian or Pacific Islander		Black or African American			
_____ White		Hispanic or Latino			
		Native Hawaiian or Pacific Islander			
		White			
		Other			
Nationality/Country of Origin:					
Occupation:		How Long Employed?		Work Hours?	

Highest Level of Education:	Are you a student at this time? Yes No If yes, please name school:				
Area of Study:					
Do you have current or past military experience? Yes No				Dates of Service:	
Branch:	Air Force	Army	Marine corps	Navy	Coast Guard
Component:	Are you retired? Yes No				Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active	National Guard	Reserve			
If retired, separated, or discharged, please check the character of separation/discharge:					
<input type="checkbox"/> Honorable		<input type="checkbox"/> General (under honorable conditions)		<input type="checkbox"/> Under Other than Honorable Conditions	
<input type="checkbox"/> Bad Conduct		<input type="checkbox"/>		<input type="checkbox"/> Dishonorable	

Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.

Do you have a current and valid driver's license? Yes No	If yes, state of issue and #: Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? Yes No
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Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else? Yes No If yes, when and where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No If yes, when and where?

Have you ever been involved with or volunteered for another youth organization? Yes No If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization? Yes No If yes, when and where?

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission? If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events for matches, Littles, waiting-list children
- Volunteering at agency fundraising events
- Inviting BBBS to speak at a company, church, organization, or group of which I am a member

REFERENCE INFORMATION

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

Spouse/Partner's/Emergency Contact:		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #	Email:		
Spouse/Significant Other Date of Birth		First/Middle/Last Name		
Employer or Co-worker (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #	Cell	Email:		
Friend, Neighbor, or other personal reference:				
Address:		City:	State:	Zip:
Day Phone #:	Cell	Email:		

In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell	Email:		
Dates of involvement/employment:				
Reason for leaving?				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #	Cell #	Email:		

Dates of involvement/employment:

Reason for leaving:

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
 - 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (see attached authorization), military records, and other records where required by local, state, or federal law for volunteers working with youth;
 - 3) I am in no way obligated to perform any volunteer services;
 - 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
 - 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
 - 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
 - 7) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
 - 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
 - 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being);
 - 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (i.e. address, phone number, auto-insurance, new criminal charges, etc.).
- 1 1) I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature _____ Date _____

Interests and Hobbies

_____ Auto Mechanics
_____ Baking
_____ Baseball
_____ Basketball
_____ Bicycling
_____ Board Games
_____ Boating
_____ Bowling
_____ Camping
_____ Canoeing
_____ Cards
_____ Car Races
_____ Coloring
_____ Computers
_____ Concerts
_____ Cooking
_____ Crafts
_____ Dancing
_____ Eating Out
_____ Exercise
_____ Fishing
_____ Football
_____ Frisbee
_____ Hiking
_____ History
_____ Horseback Riding
_____ Hunting
_____ Ice Skating
_____ Math
_____ Miniature Golf
_____ Models
_____ Museums

_____ Music
_____ Nature/Outdoors
_____ Painting
_____ Parades
_____ Parks
_____ Pets
_____ Photography
_____ Picnics
_____ Ping Pong
_____ Plays
_____ Puzzles
_____ Reading
_____ Roller Skating
_____ Running
_____ Science
_____ Sewing
_____ Shopping
_____ Sightseeing
_____ Singing
_____ Skateboarding
_____ Sledding
_____ Soccer
_____ Softball
_____ Swimming
_____ Tennis
_____ TV/Movies
_____ Video Games
_____ Volleyball
_____ Walking
_____ Weight Lifting
_____ Writing
_____ Zoo



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last Heart of Iowa Big Brothers Big Sisters	First Big Sisters	Agency Name		Telephone Number (641) 753-6370
Address 31 South 1st Street			Fax Number (641) 752-6370	
City Marshalltown	State IA	Zip Code 50158	Email heartofiowamentoring@	
List the name and address of the person whose information is being requested:				gmail.com
Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
What is the purpose of your request for child or dependent adult abuse information?				
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.				
Signature of Requestor STAFF Signature			Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

Send results to:

Name Heart of Iowa Big Brothers Big Sisters
 Address 31 South 1st Street
Marshalltown, IA 50158
 Phone 641-753-6370
 Fax 641-752-6370

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

As of _____, a search of the provided name and date of birth revealed:

(DCI use only)

- No Iowa Criminal History Record found with DCI
 - Iowa Criminal History Record attached, DCI # _____
- DCI initials _____

