



High School Volunteer Application School Based Program

Date Application Sent: _____ Date Received in Office: _____

Full Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

How long have you lived here? _____

Other places you have lived in the last 10 years? _____

Gender: _____ Race _____ Birth Date _____

Driver's License State: _____ Number: _____

Has your license ever been revoked or suspended? _____ If yes, date _____

Have you ever been convicted of a crime? _____ If yes, explain _____

Do you object to the agency running a criminal background check on you? YES NO

Social Security Number: _____

Occupation: _____ Employer: _____

Work Hours _____ Can you be called at work? _____

Education Completed: Elementary _____ High School _____ College _____ Post Graduate _____

If you are a high school student, please name the school you attend and the grade you are presently in: _____

Have you ever been a Big Brother or Sister before? _____ If yes, where? _____

Why do you want to become a volunteer for the Big Brothers Big Sisters program?

Do you have past experience working with children? _____ If yes, explain

Other volunteer experience (include civic or social groups with which you have been affiliated)

Please list 3 references who have known you for more than 1 year. Print complete names, contact, and relationship information so that we can contact them to evaluate your qualifications as a volunteer in our program. Do not include more than 1 family member. **(High School Students are required to include one parent and one teacher from whom they are currently taking a class).**

1. _____
Name Mailing Address/Zip Code Email

Phone Number Relationship to You

2. _____
Name Mailing Address/Zip Code Email

Phone Number Relationship to You

3. _____
Name Mailing Address/Zip Code Email

Phone Number Relationship to You

Mentor Agreement

As a volunteer for the Big Brothers Big Sisters Program, I agree to the following:

- To Attend an orientation and training session before beginning
- To be on time for scheduled meetings
- To notify the school office if I am unable to keep weekly meeting
- To engage in the relationship with an open mind
- To keep discussions with my mentee confidential, except with BBBS staff as needed
- To ask for assistance when I need help with my Little Brother/Little Sister
- To notify the agency of changes in my employment or contact information

Signature of Volunteer: _____ Date: _____

Interests and Hobbies Checklist

- | | |
|---|--|
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Music |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Nature/Outdoors |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Picnics |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Ping Pong |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Plays |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Car Races | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Coloring | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Running |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Sightseeing |
| <input type="checkbox"/> Eating Out | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Football | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> History | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> TV/Movies |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Math | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Miniature Golf | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Models | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Museums | <input type="checkbox"/> 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	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 director@heartofiwabigs.org
List the name and address of the person whose information is being requested:			
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	

