



VOLUNTEER SITE-BASED MENTOR APPLICATION

BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY



NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PERMANENT ADDRESS (COLLEGE STUDENTS): _____

EMAIL ADDRESS: _____ SS#: _____

PLACE OF EMPLOYMENT: _____ OCCUPATION: _____

WORK/CELL PHONE: _____ CAN WE CALL YOU AT WORK? _____

DATE OF BIRTH: _____ GENDER: _____ RACE: _____ MARITAL STATUS: _____

HOW DID YOU HEAR ABOUT THE BIG BROTHERS BIG SISTERS PROGRAM? _____

PLEASE LIST ANY OTHER VOLUNTEER EXPERIENCES YOU HAVE HAD _____

AVAILABILITY & PREFERENCES

(Although you will only be mentoring for one day per week, please check each day & time that you are available)

_____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

LUNCH TIME: 11:10-11:50 _____ 11:50-12:30 _____ 12:30 – 1:10 _____

ARE YOU WILLING TO WORK WITH A CHILD WHO HAS SPECIAL NEEDS? _____

REFERENCES – PLEASE LIST THREE REFERENCES THAT ARE NOT RELATIVES.

NAME	RELATIONSHIP	TELEPHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LEGAL

HAVE YOU EVER BEEN ARRESTED? PLEASE LIST CHARGES AND DISPOSITIONS/RESULTS HERE.

HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE AND/OR NEGLECT? _____

Household Income (There is **not** an income qualification for this program.) Please write in the **gross** dollar amount monthly.

Employment \$ _____	Pension / Retirement \$ _____	SSI \$ _____
Unemployment \$ _____	TANF Benefit \$ _____	SSD \$ _____
Social Security \$ _____	Food Stamps \$ _____	Child Support \$ _____
Disability \$ _____	Rental Income \$ _____	Alimony \$ _____

VOLUNTEER STATEMENT

As a volunteer working with Big Brothers Big Sisters and Site, I agree to comply with the following directives:

- ✓ Authorize the release of information to Big Brothers Big Sisters to perform a criminal background check.
- ✓ Understand that, because of liability concerns, I am not authorized to transport students in my vehicle or to have contact with my mentee outside of the Site unless accompanied by Big Brothers Big Sisters staff.
- ✓ Abide by all other Big Brothers Big Sisters & Site policies & regulations.
- ✓ Agree to refrain from cigarette smoking, drug, or alcohol use when with my mentee.
- ✓ Honor the commitment to volunteer as scheduled. If I must be absent from a scheduled commitment, I will notify Big Brothers Big Sisters staff in advance.
- ✓ Communicate regularly with Big Brothers Big Sisters staff.

Signature

Date

Signature of parent if applicant is under 18

Date

THANK YOU FOR YOUR WILLINGNESS TO SHARE YOUR TIME!

SEND OR BRING COMPLETED FORM TO:

**Big Brothers Big Sisters of Dutchess County
Community Action Partnership of Dutchess County
84 Cannon Street
Poughkeepsie, NY 12601**

QUESTIONS?

Katrina Huller, Program Director
(845) 452-5104 Ext. 138
[**khuller@dutchesscap.org**](mailto:khuller@dutchesscap.org)

a program of Dutchess County Community Action Agency, Inc.

Access to Confidential Records

In order for Big Brothers Big Sisters of Dutchess County to provide a responsible and professional service to children their parents or guardians, and program volunteers all parties may be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of all parties records with the exception of limits listed below. Information about all parties will be shared among the professional staff of Dutchess County Community Action, Inc (DCCAA). The right to confidentiality applies, not only to written records, but also to video, film, pictures, or use of child or volunteer's name in DCCAA publications.

All records are considered the property of DCCAA. Information from outside sources, including confidential references must be assessed along with the information gained from the children, parents/guardians or volunteers. Records are not available for review by child, parent/guardian or volunteers. All parties shall be provided at the time of application, an opportunity to review this policy. All parties shall sign a statement indicating that he/she has read and understands DCCAA's policy on confidentiality and agrees to program participation under the guidelines it sets forth.

Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the parent/guardian or volunteer.
2. Identifying information regarding parent/guardian or volunteer may be used in DCCAA publications or promotional materials if the parent/guardian or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors of DCCAA Inc., certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. The outside organizations shall be required to respect DCCAA's policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of DCCAA confidentiality policy will be reported to the supervisor of the individual involved and appropriated disciplinary action shall be requested.
4. Members of the Board of Directors have access to files only upon authorization by formal motion of the Board of Directors of DCCAA. The motion shall state who shall be authorized to review records, the specific purpose for such review, and the period of time for which access shall be granted. Members shall be required to comply with the DCCAA policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors of DCCAA. Known violations shall be reported to the Board president. A violation of the DCCAA's confidentiality policy by a board member shall constitute adequate cause for removal from office.
5. Information shall be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to the agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information and its confidentiality is protected by law.
7. State law mandates that suspected child abuse are reported to the appropriate authorities (Child Prospective Services). All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a child parent/guardian or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or the report to the local law enforcement authorities.
9. Information provided by the child, parent/guardian or the volunteer, may be shared with the other party by the case manager when a potential match mate is considered. Parent/guardian and volunteer will not discuss confidential match information with any persons other than the professional staff of DCCAA, Inc. and the Big Brothers Big Sisters of Dutchess County program.

I have read and understand the above document, which states DCCAA's, Inc. policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

Parent/Guardian or Volunteer Signature

Date



Consent to Use Identifying Information
In Agency Promotion Materials

I, _____, a **volunteer** for Big Brothers Big Sisters of Dutchess County
Hereby give my permission for Big Brothers/Big Sisters of Dutchess County to use the following for
promotional and development materials:

(Please check those that apply)

first name _____

last name _____

photograph _____

audio and/or visual recording _____

Big Brother Big Sister Web Site _____

This consent applies solely to the identifying information herein described and may not be used for any other purpose not provided for herein. In giving this consent, I release Big Brothers Big Sisters and Dutchess County Community Action Agency, Inc. their nominees and designees from any obligation or liability otherwise owed to me as a result the reproduction or use of the above referenced identifying information.

If consent is provided, I understand this consent may be terminated at any time by submission of a written request.

Volunteer

Date

Post Office Box 966, Stevensville, Maryland 21666
Tel: 410.604.2430 * Fax: 410.604.2496
APPLICANT RELEASE AND AUTHORIZATION FORM - NM

*I hereby authorize **Dutchess County Community Action Agency, Inc /Big Brothers Big Sisters of Dutchess County** other authorized representatives of the company bearing this release to obtain any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. Please Provide Minimum 7 Years of Residential History Below.*

Name: _____ Alias/Other: _____
(First, Middle, Last - Print Clearly)

Date of Birth: _____ Social Sec. No.: _____

Driver's Lic. No.: _____ State _____ Signature: _____

(1) Current Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

Witnessed by: _____ Date: _____

=====

IMPORTANT: FOR CLIENT USE ONLY - Mark an "X" for any of the following:

Would you like us to also check Alias/Other name listed above? Yes _____ No _____
(Be advised there is an additional equal charge per alias name)

CRIMINAL HISTORY RECORD SEARCH:

(1)Current Address _____ (2)Previous Address _____ (3)Previous Address _____

Maryland (Statewide) Criminal Search _____ Maryland Traffic Court Search _____ Motor Vehicle
Report (Driving Record) _____ Social Security Number Trace _____ Sex Offender Registry _____
Wants/Warrants _____ Credit Report _____ Bankruptcy _____
Federal Criminal _____ Federal Civil _____ Federal Tax Lien _____ State Tax Lien _____ Workers'
Compensation _____ Civil Judgment: Upper Court _____ Lower Court _____
Verification (Specify Number of Items): Education _____ License _____ Employment _____



Big Brothers Big Sisters of Dutchess County

77 Cannon Street
Poughkeepsie, NY 12601

845-452-5104 (phone) 845-452-1960 (fax)

Applicant's Name: _____

REFERENCES

Please list four references that you have known for at least three years. Please include an employer, job supervisor or instructor as well as a family member as two of these references. References will be asked to complete a reference form that will be either mailed or conducted over the phone.

Name: _____

Name: _____

Address: _____

Address: _____

Association: _____

Association:

Phone: _____

Phone: _____

Name: _____

Name: _____

Address: _____

Address:

Association: _____

Association:

Phone: _____

Phone: _____

I realize that the role of a Big Brother or Big Sister is special and unique and that review of my character and background is most important in the consideration process. I therefore authorize Big Brothers Big Sisters of Dutchess County and Dutchess County Community Action Agency to pursue its inquiry to include verbal contact with my references.

These inquiries as well as information obtained from a background arrest/conviction check will remain confidential by this agency. Information obtained from reference checks is not available for review by the applicant.

Signature

Date