



Why do you want to be a mentor?: \_\_\_\_\_

**Health:** Do you have any serious physical illness, (past or present), which may limit your ability to serve as a mentor?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

**Other information:** Have you ever been arrested or convicted of a crime? Yes \_\_\_ NO \_\_\_  
If yes, please explain: \_\_\_\_\_

Have you ever been placed on probation or parole? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Do you have a history of drug or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to our sharing personal information with the parent(s) of the match that bears on the proposed friendship? Yes: \_\_\_\_\_ NO: \_\_\_\_\_

**References:** Please *completely* list information for three individuals whom we may contact for a personal reference, other than relatives, (please include at least one employer for whom you have worked within the past three years). Your reference will be contacted either by phone or in writing and information given will be kept confidential!

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

**IT IS OUR POLICY TO REQUEST RECORD CHECKS IN THE STATES WHERE YOU HAVE LIVED. DO YOU GIVE US PERMISSION TO DO SO?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

## **VOLUNTEER POLICY AND PROFILE**

**Big Brothers Big Sisters is a social service designed to help children who have shown a need for a strong relationship with an interested adult/mentor. While the program is an interfaith and interracial one, BBBS respects the desires of the child's parent or guardian in the selection of the appropriate mentor for each child.**

**In determining whether an applicant may be considered for a match and what information shall be communicated to each party involved in any prospective match, regarding other, due consideration must be given to those past and present factors in the health, personality, and behavior of each individual situation which professional agency personnel decide, under the circumstances, may have a significant effect upon the relationship, and which, if revealed at a later date may affect it adversely. Relevant information shall be provided; however, the name or names of the parties described shall be held confidential before the match is made. Any party has the right to refuse to enter into the match based upon the information so communicated.**

**The assessment interview is designed to establish a profile of you and your interests. This profile will be used by the agency to determine your suitability for service, and if it is decided by the professional staff and/or governing board of the agency that you are suitable to be matched with a Little Brother or Little Sister who has been prescreened and is actively being considered for a match with you, all elements of your profile will be kept in the strictest confidence.**

**Of course, before any assignment to a Little Brother/Sister, a similar profile of his/her family will be discussed with you to ensure that your interests are respected. The undersigned acknowledges and agrees that he/she is not obligated, if called upon, to perform the volunteer services herein applied for, and that the agency is not obligated to assign or actively seek him/her a Little Brother or Sister. It may be more appropriate for a volunteer to help our program in other ways.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return completed application to:  
Megan Brooks, BBBS  
100 Ledge Hill Drive Box 588  
Bennington, VT 05201**

**THANK YOU FOR YOUR INTEREST!**