



701 S.W. 27th Avenue, Suite 800, Miami, Florida 33135
 Phone (305) 644-0066 Fax (305) 649-6358
 Web Address: www.wementor.org E-mail: info@bbbsmiami.org

VOLUNTEER APPLICATION-City of Miami

(Please bring this form with you to your interview or FAX it to us prior to interview)

First Name:	Middle Name:	Last Name:	Date of Birth:	
Home Address:		City:	State:	Zip:
Email:	Home Ph #:	Work Ph #:	Cell Ph #:	
Circle one: Male Female	Social Security #:	Employer:		
Employment Address:		City:	State:	Zip:
Position:		Please check: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Other		
Can We Contact You At Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Hours:	How Long Employed:		
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #		Expiration date:	

How were you referred? _____

I understand that:

- 1) the references I list may be contacted by mail, telephone, or email;
- 2) this application in no way obligates me to perform any volunteer services;
- 3) the information I provide may be used to conduct a background check, to include driving records check, criminal background check, and/or other records where required by local, state, or federal law for volunteers working with youth;
- 4) BBBS is not obligated to match me with a youth;
- 5) as part of the enrollment process, I will be asked to provide additional personal information prior to receiving any recommendations for assignment.

Signature _____

Date _____

PAGE 1 (Please list references on page 2)

Applicant Name _____

REFERENCES

Please **type or print clearly** the following information requested for three references:

- 1) your current or past **employer** who has known you for **at least 1 year**;
- 2) a **co-worker or friend** who has known you for **at least 2 years**; and
- 3) a **close family member** (spouse/domestic partner) **or a second friend** who has known you for **at least 3 years**.

1. Employer (or school if student):		Supervisor's Name (or teacher if a student): (has known you at least 1 year)	
Address:		City:	State: Zip:
Day Phone #:	Fax #:	Email (print clearly):	
2. Coworker or Friend who has known you at least 2 years:			
Address:		City:	State: Zip:
Day Phone #:	Fax #:	Email (print clearly):	
3. Spouse/Domestic Partner/Friend who has known you at least 3 years:			
Address:		City:	State: Zip:
Day Phone #:	Fax #:	Email (print clearly):	
Have you ever applied before to be a Big Brother or Big Sister? Yes _____ No _____		Where and When:	
At this time, which of our programs are you most interested in? _____ Community _____ School _____ Other _____			

WAIVER

I, _____, hereby waive any privacy or other privilege I might have and authorize the State of Florida Department of Law Enforcement to check my name in its criminal records, and if there are any entries therein to copy such and deliver copies of any such entries or other references to Big Brothers Big Sisters of Greater Miami. This waiver is executed with full knowledge and understanding that the information is for the use of Big Brothers Big Sisters of Greater Miami in evaluating my application for membership in the organization, particularly my worthiness of character as an influence on young persons I may come into contact with as a member of that organization.

(Signature)

(Date)

If applicable, please denote your maiden (birth) name: _____