



<input type="checkbox"/> Community <input type="checkbox"/> Couple's Match <input type="checkbox"/> Site Based <input type="checkbox"/> Location _____
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2901 Langhorne Road, Lynchburg, VA 24501 • P: 434.528.0400 • F: 434.528.3234 • [www.BigCVA.org](http://www.BigCVA.org)

Contact Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Office	<input type="checkbox"/> Other _____	
Referred by:	<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Friend	<input type="checkbox"/> Special Event	<input type="checkbox"/> Relative	<input type="checkbox"/> Self
	<input type="checkbox"/> BBBS Staff	<input type="checkbox"/> Other Big	<input type="checkbox"/> High School Partner	<input type="checkbox"/> College Partner		
	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Faith Organization	<input type="checkbox"/> Website	<input type="checkbox"/> Work Place		
	<input type="checkbox"/> Other (Please specify) _____					

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Home Phone #:		E-mail:			Work Phone #:		Cell Phone #:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:			Employer, How Long Employed, Work Hours:				
Employer Address:				City:		State:	Zip:	
Occupation:				Ethnicity:		Religion		
Can We Contact You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Work Hours:			How Long Employed:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					Level of Education, : _____ Years Completed: _____ Year Graduated: _____			
Have you ever applied before to be a Big Brother or Big Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when? _____								
Emergency Contact Name: _____								
Relationship: _____				Phone Number: _____				

Please type or print information requested for three (3) references. These references should all be individuals who have known you for at least one (1) year. You may list former teachers, community friends/associates, co-workers, employers, a close family member; i.e. parent, sibling, spouse or domestic partner; or other. If you list a close family member, please only do so for one reference.

Reference's Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Fax #:	E-mail:	
Reference's Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Fax #:	E-mail:	
Reference's Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Fax #:	E-mail:	

**I understand that:**

- 1) the references I listed may be contacted by mail, telephone, or e-mail;
- 2) this application in no way obligates me to perform any volunteer services;
- 3) the information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) our BBBS agency is not obligated to match you with a youth;
- 5) BBBS can close your Match at any time based solely on their professional decision to do so.
- 6) as part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for an assignment.

**If Matched with a child:** I agree \_\_\_\_ do not agree \_\_\_\_ for photos taken of me at BBBS-related events to be used by the agency for media/publicity purposes. In the event I should wish to retract my permission for disclosure of my name and/or photo, I will notify Big Brothers Big Sisters in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date