

Dear Volunteer:

Thank you for your interest in Big Brothers Big Sisters of Central Oregon, a program of J Bar J Youth Services. Enclosed is the information and materials needed to begin the application process for your participation in the program. By starting the application process, you are starting something amazing for the life of a child, yourself and the community.

To provide quality mentoring services to children, we have a few requirements for our volunteers. All Big Brothers and Big Sisters in our community based program must be at least 18 years old, in good mental health, willing to work within Big Brothers Big Sisters guidelines and commit to one year of service. All volunteers are asked to: submit the names of personal references, undergo background checks, complete an interview, and participate in a training session. Volunteers in our site based programs must be at least 16 years old. Please read the volunteer options and consider which type of match you prefer.

Traditional Big Brother/Big Sister (Community Based)

As a traditional Big Brother or Big Sister, you will meet with your Little Brother or Sister for a few hours a month in the community. Often activities can include riding bikes, walking in the park, or cooking dinner together.

Couples Match (Community Based)

This match includes a couple working together as a team to mentor a child. They are screened individually and are matched with one Little Brother. Couple matches are designed for couples that have been together for at least one year.

Site Based Big Brother/Big Sister

(not available in Deschutes County at this time)

Volunteers in the site based program spend at least one hour a week with a child at a particular site, usually a school or after school program. This option gives volunteers the ability to have a more structured schedule and simply hang out and play games, work on crafts, homework, etc... Volunteer does not have to plan an activity each week.

Once the screening process is completed and you are accepted into the program, you will be placed on a waiting list until the best match with a Little Brother or Sister can be found. Our goal is to match you with a child who can fully benefit from the support and friendship you have to offer. BBBS reserves the right to accept or deny any application, based on the conclusion of our screening process.

We appreciate your patience and cooperation throughout this process. Please feel free to call us if you have any questions. You may send your application by mail, email, fax or by dropping it off at our office. We look forward to working with you!

~ The Staff of Big Brothers Big Sisters

BIG BROTHERS BIG SISTERS OF CENTRAL OREGON

Community Based Volunteer Position Description

Our vision is that all children achieve success in life.

Title: Big Brother, Big Sister

Description:

- To mentor, role model and provide friendship to a child. Mentoring refers to a one-to-one relationship between a more experienced person and a younger person. This relationship involves mutual commitment, caring and trust. A mentor teaches, challenges, and enriches a young person's skills and self-reliance.
- Share your hobbies and interests with a child by doing activities that you like to do and by introducing new opportunities to a child.

Responsibilities:

- Having Fun!
- Providing mentorship to a child.
- Providing a **consistent & reliable** presence.
- Developing and maintaining trust.
- Commitment to growth and discovery through support and challenge.
- Maintaining regular contact with Big Brothers Big Sisters.
- Planning and scheduling your outings with your little and their family based on your schedule.

Qualifications:

- The desire to want to make a difference in the life of a child.
- To be willing to have fun and act like a kid again.
- Be able to pass a criminal background check, motor vehicle record, interview and reference checks.
- Being self-motivated as it is up to you to schedule your outings with your little.

Time Commitment:

- 6-12 hours a month
- Minimum of 1 year

Benefits:

- Making an impact and changing a child's life in a visible and noticeable way.
- Developing leadership and interpersonal skills.
- Gaining personal satisfaction: research shows that volunteering helps you stay healthy, keeps your brain sharp and allows you to escape from life stresses.
- Volunteering in an atmosphere that is youthful, upbeat, and prevention-based.
- Offers a connection to the community
- The opportunity to learn new skills, enhance existing ones and share your skills with a child.
- **Bringing some *MAGIC* into your own life.**
- For more information, visit www.bbbsco.org

Our mission is to provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever.



**BIG BROTHERS BIG SISTERS
OF CENTRAL OREGON**
Volunteer Enrollment Agreement

Please initial the following:

_____ I AGREE that I will not be moving from Central Oregon in the next **12 months**.

_____ I AGREE to **not no call/no show** scheduled meetings with BBBS during the enrollment process. I am allowed to reschedule meetings with BBBS only **one** time during the enrollment process.

_____ I AGREE that after the match is made, I will respond to emails, phone calls, or text messages from the match support specialist within **one week** of initial contact.

_____ I AGREE that it is primarily my responsibility to contact my Little (or my Little's guardian) to **schedule** activities.

_____ I AGREE that it is primarily my responsibility to use my form of **transportation** to pick up and take home my Little

_____ I AGREE that if a problem arises I will **communicate** to match support immediately. I will **not expect** to automatically **close** a match, but I will listen to suggestions, and be proactive in maintaining my match.

*Issues that may arise include, but are not limited to:

- parent/child may not have money to contribute to match activities,
- child may have difficulty expressing gratitude,
- parent/child may not return phone calls immediately

If you fail to adhere to the above stated program requirements, you will be ineligible to participate in our program at Big Brothers Big Sisters of Central Oregon.

BIG BROTHERS BIG SISTERS OF CENTRAL OREGON

Volunteer Application

First Name:	Middle Name:	Last Name:	Date of Birth:
Home Address:		City:	State: Zip:
Email :	Home Phone #:	Work Phone #:	Cell Phone #:
Male Female	Social Security #:		Ethnicity:
Emergency Contact:		Phone #:	
Employer:		Occupation:	Employment Length:
Employer's Address:			State: Zip:
Can we contact you at work? ____ Yes ____ No	Work Hours:	Best way to contact: (cell, email, etc.)	
Do you have a driver's license? ____ Yes ____ No	If yes, state of issue and #:	Expiration Date:	
How did you hear about us?			
Please list all people living with you, with their full name, date of birth and relation:			

Residential history for the past five years:

Dates	Address/City/State/Zip Code

References (3 names required)

Please type or print information requested for three references. **Please list their relation to you.**

1. Supervisor's Name (or teacher/counselor if student):			
Phone#	City:	State:	Zip:
Email		How long have you known this person?	
2. Spouse/Domestic Partner (if no spouse or domestic partner, a close family member)			
Phone #	City:	State:	Zip:
Email		How long have you known this person?	
3. Friend/Co-worker/contact for a previous volunteer position (must have known for a minimum of 1 year)			
Phone #	City:	State:	Zip:
Email		How long have you known this person?	

Have you ever applied, or have been, a Big Brother or Big Sister? If so, where and when?

What, if any, other youth organizations have you worked for or been involved with as a volunteer in the past 5 years? Please list the name of the organization, person of contact and their phone number.

Do you speak a foreign language? If yes, please list. _____

Have you ever been convicted of a felony or misdemeanor, including a DUI? This would not include minor traffic violations or a case that has been expunged, sealed, dismissed, erased or pardoned. Note: Answering yes will not necessarily disqualify a person's eligibility to participate in the program. If yes, please explain.

Volunteer Driver Agreement

PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE & PROOF OF INSURANCE

If the use of an automobile is necessary in performance of my duties as a Big Brother or Big Sister, I agree that:

1. *It will be operated in accordance with the traffic laws of the state in which it is driven.*
2. *The vehicle will be in safe mechanical condition.*
3. *If I am involved in an accident while on a volunteer assignment, I will notify the BBBS Case Manager as soon as possible.*
4. *I will not drive with any amount of alcohol in my blood while on an outing.*
5. *I will maintain valid liability and property damage insurance on my automobile.*
6. *I will not knowingly drive any uninsured vehicle while transporting youth in the Big Brothers Big Sisters program.*
7. *I understand that this agency does not provide primary insurance coverage for volunteers driving their own vehicles.*
8. *I understand that part of the screening process for BBBS of Central Oregon volunteers includes checking my motor vehicles driving record and verifying automobile insurance coverage through my agent or company.*

Name _____

Driver's License Number _____ State Issued _____

Insurance Company _____

Address _____

Street _____ City/State _____ Zip _____

Name of Agent _____ Phone _____

Policy Number _____

BIG BROTHERS BIG SISTERS OF CENTRAL OREGON

Consent to Conduct the Complete Screening Process:

I understand that the making of any willful misrepresentations or falsifications on this application or throughout the entire screening process will be grounds for rejection or disqualification from the volunteer position and may lead to other civil liability.

I understand that my eligibility for participation is subject to a strict set of guidelines set forth by the Big Brothers Big Sisters of America and the Advisory Board of this organization. I also understand that my compliance with these guidelines does not mean automatic acceptance into the program.

I understand that my acceptance or non-acceptance is based on information obtained during the screening process. I understand that all decisions made will be final.

This authorization and consent for release of personal information acknowledges that Big Brothers Big Sisters and/or its authorized agent may now, or at any time I volunteer with Big Brothers Big Sisters, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended, state driving records, financial or credit institutions, records of previous employment, criminal history information on file in local, state or federal agencies, or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I understand that at least three of the names I have listed will be contacted. I also authorize any custodian of my military service record, to release my military service record.

I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of Big Brothers Big Sisters. In addition, I release and discharge Big Brothers Big Sisters and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether I was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its contents and authorize the background verification.

During BBBS events and activities, photographs may be taken of Little Brothers/Sisters and their Big Brothers/Sisters that may be used for BBBS public relations purposes. Please check if you **do** _____ **or do not** ___ want your name and/or picture to be used in BBBS public relations materials (including the BBBS website: www.bbbsco.org).

I have read and understand the above statements and consent to have Big Brothers Big Sisters of Central Oregon complete the full volunteer screening process for myself. I understand that my application to be a Big Brother/Big Sister may be denied based on the information gathered during the screening process or for other unrelated reasons.

Signature

Print name

Date

Parent/Guardian signature (if a minor)

Print name

Date

BIG BROTHERS BIG SISTERS OF CENTRAL OREGON

Volunteer Confidentiality Policy & Consent for Release of Information

Confidentiality Policy

Information about Big Brothers Big Sisters of Central Oregon clients is strictly confidential. Volunteers who are matched with a child are required to keep all information received or learned about a youth confidential. No information about a youth may be released to anyone outside of the program without the written permission of the parent/guardian of the client. Written permission must be arranged through the BBBS Case Manager.

The following reasons are the only exceptions to this policy:

- In a medical emergency, you may provide information to medical personnel who will be dealing with the emergency, only to the extent necessary to meet the emergency.
- If you suspect or know of any child abuse or neglect, you must report it to Big Brothers Big Sisters of Central Oregon. Big Brothers Big Sisters staff will then notify the appropriate agencies.
- Information may be released to law enforcement officers or emergency personnel if it is believed that it will prevent immediate harm or damage to or by the client.

Release of Information

Information concerning volunteers that is received by the BBBS program is also kept confidential and may be released only as stated below or in the case of suspected child abuse, suspicion of harm to self or others, or by court-ordered subpoena.

I have read the Confidentiality Policy and agree to abide by it in its entirety while volunteering as a Big Brother or Sister. Furthermore, I authorize this agency to release information about myself from my volunteer application, interview or other screening sources to prospective Little Brothers or Sisters, their parents/guardians and other agencies/schools involved with the child for the purpose of matching and supporting a match once it has been made.

Signature

Date

*The child and volunteer intake process used by Big Brothers Big Sisters of Central Oregon is a consistent process to determine eligibility of children, youth and volunteers for services based upon written eligibility criteria. Children, youth and volunteers are not excluded on the basis of race, religion, national origin, color, gender, marital status of parent, sexual orientation, gender identity, veteran status, or disability.

Deschutes County

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Bend, OR 97701
Phone: 541.312.6047
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Crook County

1400 SE Second St
Prineville, OR 97754
Phone: 541.408.7662
Fax: 541.447.8641

Jefferson County

678 NE Hwy 97, Ste B
Madras, OR 97741
Phone: 541.325.5603
Fax: 541.475.6298