



# Big Brothers Big Sisters of Northwest Arkansas

130 E. Poplar St, Suite C, Fayetteville, AR 72703

Email: [bbbsnwa@bbbsnwa.org](mailto:bbbsnwa@bbbsnwa.org)

Phone: (479) 966-4366 Fax: (479) 966-4382

Website: [www.bbbsnwa.org](http://www.bbbsnwa.org)

**Please email, mail or fax volunteer application today!**

Please print (in ink) or type. **All information will be treated confidentially.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

I am applying to be a: \_\_\_\_\_ Community Based Big  
 \_\_\_\_\_ Community Based Big Couple/Big Family  
 \_\_\_\_\_ Site Based Big

Local Address: \_\_\_\_\_  
                             House #      Street                      Apt #                      City                      State                      Zip

SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
   Name                                      Phone                                      Relationship

Previous Application to be a Big? \_\_\_Yes \_\_\_No When: \_\_\_\_\_ Where: \_\_\_\_\_

**References** (please provide complete information for the following three references):

**Employment, School or Professional reference** (your current or past employer who has known you for **at least 6 months**):

*\*If you cannot provide an employment reference, you may provide a close friend (non-relative) who has known you at least 2 years.*

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
     Name                                      Relationship                                      Daytime Phone                                      E-mail Address

**Family reference** (spouse, spousal equivalent, or family member if a spouse/spousal equivalent is not available):

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
     Name                                      Relationship                                      Daytime Phone                                      E-mail Address

**Personal reference** (close friend who has known you **at least 3 years**):

*\*Please provide at least one personal reference that has seen you with children.*

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Name	Relationship	Daytime Phone	E-mail Address
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**Child Care reference** (If you currently or have previously volunteered or worked with children please provide an employer, supervisor or co-worker reference, if not already listed above, for any/all of those circumstances):

4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Name	Relationship	Daytime Phone	E-mail Address
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**Statement of Understanding** If I am accepted as a Big Brother/Big Sister I understand and accept my commitment to meet with my Little Brother/Sister as specified by BBBS agency and to inform BBBS agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the BBBS staff and to discontinue my service if I am requested to do so by the agency. I further understand that the agency reserves the right to reject me as a volunteer from the program without disclosing the reason for non-acceptance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Revised 2.21.13

**Big Brothers Big Sisters of America  
Agency Demographic Survey**

This information is confidential and is used as a survey to determine demographic trends among volunteers, clients, and families served by Big Brothers Big Sisters Agencies of America. **This information does not determine a Volunteer’s acceptance into the program. Rather, it allows us to do the best possible job of matching, and allows us to consider parental preference and choice.**

*Big Brothers Big Sisters does not discriminate on the basis of a Volunteer’s race, color, religion, national origin, gender, marital status, sexual orientation, veteran status, or disability.*

How were you referred to us? (choose one)		
___ BBBS Board/Staff	___ Media	___ Service Organization
___ College Partner	___ Neighbor/Friend	___ Special Event
___ Faith Organization	___ Other Big	___ Web Link
___ Fraternity/Sorority	___ Relative	___ Workplace Partner
___ High School Partner	___ Self	___ Other _____

Ethnicity:

Asian

Caucasian

Hispanic

Multi- Racial

Native-American

Spanish

Pacific Islander

African American

Other:

**Current Marital Status:**

Single

Married

Divorced

Separated

Widowed

**Sexual Orientation:**

Heterosexual

Homosexual

Bisexual

**Religious Affiliation:** \_\_\_\_\_

**Education/Highest Grade Completed:** (circle one)

Less than High School

High School

High School Plus (e.g. Armed Services)

Some College

Bachelor's Degree

Masters Degree

Professional Degree (Ph.D., Dr., Lawyer)

Other

**Occupation:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

House #

Street

Apt #

City

State

Zip

**Work hours:** \_\_\_\_\_ **Length of employment:** \_\_\_\_\_

**May we contact you at work?** Y N

**Does your company provide matching funds to non-profit organizations?** Yes No Not Sure

**Current Student @** \_\_\_\_\_

**Summer/Permanent Address:** \_\_\_\_\_

Street

Apt#

City

State

Zip



United Way Agency