



Big Brothers Big Sisters of Northwest Arkansas

91 W. Colt Square, Suite 1, Fayetteville, AR 72703

Email: bbbsnwa@bbbsnwa.org

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

Website: 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

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

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: (circle)

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

