

VOLUNTEER APPLICATION

Big Brothers Big Sisters of Snohomish County

A branch of the YMCA of Snohomish County

Big Brothers Big Sisters of Snohomish County creates quality one-to-one mentoring relationships which will help children to achieve their highest potential.

1420 Hewitt Avenue Everett, 98201 • (425)252-2227 • Fax (425)259-2487

Big Brother/Big Sister Applying for: **Community-Based Mentor** or **School-Based Mentor**
(Please check one)

First Name:		Middle Name:	Last Name:		Date of Birth:
Home Address:				City:	State:
Zip Code:	County:	Email:			
Home Phone:		Work Phone:	Cell Phone:		
Female <input type="checkbox"/>	Social Security #:		Employer:		
Male <input type="checkbox"/>					
Work Address:			City:	State:	Zip:
Occupation:		Ethnicity:	Religious preference:		
May We Contact You At Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:	How Long Employed:		
Have you lived in Washington State for the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you have <u>not</u> lived in Washington for the past 3 years, please provide your addresses for the last 3 years.					
Dates: _____		Address: _____			
Dates: _____		Address: _____			
Dates: _____		Address: _____			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state of issue and #:		Expiration date:	
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes <input type="checkbox"/> No <input type="checkbox"/>			Where and When:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?					
Have you been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record) or released from prison. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full. (Only convictions that the YMCA/BBBS believes are reasonably related to the duties of the job will be considered.)					



REFERENCES

1. Employer or School <i>(If in High School Bigs program it must be school):</i>		Supervisor's Name or Teacher/Counselor: (Current or past Supervisor/Teacher/Counselor who has known you for at least 1 year)	
Address:		City:	State: Zip:
Day Phone #:	Fax #:	Email (preferred):	
2. Coworker or Previous Volunteer Organization who has known you for at least 2 years:			
Address:		City:	State: Zip:
Day Phone #:	Fax #:	Email (preferred):	
3. Relative/Domestic Partner/Friend who has known you for at least 3 years:			
Address:		City:	State: Zip:
Day Phone #:	Fax #:	Email (preferred):	

Participation and Release

- **Mission:** The YMCA of Snohomish County promotes the values of caring, honesty, respect, and responsibility through programs that build strong kids, strong families, strong communities. I agree to cooperate in the fulfillment of the mission.
- **Certification:** I certify that the information contained in this application form is true, correct and complete to the best of my knowledge. I authorize the YMCA/BBBS to make inquiries regarding my education, work experience, references and a criminal background check. I release all parties and persons associated with any such inquiries from liability in connection with information they give.
- **Volunteer Terms:** I agree to abide by the rules and regulations of the YMCA/BBBS and understand that my services are donated to the YMCA/BBBS without contemplation of compensation. The YMCA/BBBS does not provide insurance and related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, or other coverage. The YMCA/BBBS does not offer free memberships to volunteers. Volunteers may not trade their time for free or reduced cost program participation.
- **Photograph Permission:** I give permission for the YMCA/BBBS to use, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA/BBBS programs.
- **Medical Treatment:** I give permission for YMCA/BBBS staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.
- **Release of Liability/Participation:** I am an adult age 18 or older or in High School Bigs program and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA/BBBS activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA/BBBS allowing me, and if applicable, my spouse and my dependents to participate in YMCA/BBBS activities, I understand and expressly acknowledge that I release the YMCA/BBBS, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA/BBBS activities whether on or off the YMCA's/BBBS' premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.
- **Limits of Confidentiality:** The undersigned acknowledges and agrees that any normal limits on confidentiality do not apply in the case of negligence, instances of physical or sexual abuse, or if applicant is deemed to be a danger to himself/herself/or others, and that such information as the agency may have in these matters can be used in civil or criminal proceedings.
- I am in no ways obligated to perform any volunteer services;
- The BBBS agency is not obligated to match you with a youth;
- As part of our enrollment processes, we will be asking you to provide additional personal information prior to make any recommendations for assignment.

Signature

Date

Parent/Guardian Signature (only if in High School Bigs program)

Date



WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

YMCA of Snohomish County

Agency

Human Resources

Attn

2720 Rockefeller Avenue

Address

Everett, WA 98201

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Title

Area Code/Phone Number

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

Interest Checklist



Name _____

Date _____

	Like it	Would Try	Don't Like
Baseball / Softball			
Soccer			
Basketball			
Football			
Jogging			
Racquetball			
Tennis			
Badminton			
Skateboarding			
Volleyball			
Bike Riding			
Snow Boarding			
Snow Skiing			
Water Skiing			
Boating / Canoeing			
Swimming			
Fishing			
Gardening			
Hiking			
Camping			
Hunting			
Horseback Riding			
Golfing			
Gymnastics			
Bowling			
Ice Skating			

	Like It	Would Try	Don't Like
Roller Skating			
Ping Pong			
Working on Cars			
Motorcycles			
Frisbee			
Crafts			
Woodworking			
Drawing			
Sewing			
Baking /Cooking			
Shopping			
Movies			
Animals			
Drama / Theater			
Talking			
Restaurants			
Museums			
Board Games			
Computers			
Video Games			
Singing/Dancing			
Garage Sales			
Reading			
Going to Parks			
Music_____			
Other_____			