



BIG BROTHERS BIG SISTERS OF SAGINAW BAY AREA

www.sagbaybbbs.org

1910 Fordney, Saginaw MI 48601 PH: 755-6558
 Fax: 989-755-1808

909 Washington Ave, Bay City MI 48706 PH: 894-0614
 Fax: 989-895-0510

MENTOR APPLICATION

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:				City:		County:	State:	Zip:
Email:				Home Ph #:		Cell Ph#:		Work Ph#:
Male <input type="checkbox"/>	Race:	Marital Status:		Social Security #:				
Female <input type="checkbox"/>								
Employer:				Occupation / Position:				
May We Contact You At Work: ____ Yes ____ No		Work Hours:		Church You Attend:				
If a student, list high school or college:				Highest Level of Education:				
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating. Copies of driver's license and proof of auto insurance are required.								
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #:				Expiration date:		
Do you have auto insurance? ____ Yes ____ No		If yes, Company:				Expiration Date:		
What are the dollar limits for Bodily Injury?				Property Damage?				

How did you learn about Big Brothers Big Sisters?

References: List the names, complete addresses and phone numbers of four references (not relatives) who have known you at least **2 years** and include the nature of your relationship with each. If you have recently moved to the area, out of town references are acceptable. (Please Print)

1. Name (of high school if student):		Relationship: (or teachers name if student):					
Address:			City:		State:	Zip:	
Day Phone #:			Email:				
2. Name:				Relationship:			
Address:			City:		State:	Zip:	
Day Phone #:			Email:				

3. Name:		Relationship:	
Address:	City:	State:	Zip:
Day Phone #:	Email:		
4. Name:		Relationship:	
Address:	City:	State:	Zip:
Day Phone #:	Email:		
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No		Where and When:	

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated 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) The BBBS agency is not obligated to match me with a youth;
- 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.
- 7) I give my permission for Big Brothers Big Sisters of Saginaw Bay Area and Big Brothers Big Sisters of America and their funders to utilize any photos, audio tapes, video images, or other images/recordings for promotional and other purposes.

Signature

Date

If a high school student, a parent/guardian must complete the following:

As parent/guardian, I give permission for the above applicant to volunteer as a mentor to a child. I feel he/she is capable of maintaining the commitment to the program. I understand the above information provided may be substantiated by Big Brothers Big Sisters of Saginaw Bay Area to include the volunteer's employment record, physical and mental health, character references, records of law enforcement agencies or courts of law and give my permission to do so.

I give my permission for Big Brothers Big Sisters of Saginaw Bay Area and Big Brothers Big Sisters of America and their funders to utilize any photos, audio tapes, video images, or other images/recordings for promotional and other purposes.

Parent Signature

Date

(For office use only)

Action _____

Date _____

Community Based

High School Community Based

Amachi (Faith Based)

School Based

1. Assignment _____

Date _____ Closing Date _____

2. Assignment _____

Date _____ Closing Date _____

3. Assignment _____

Date _____ Closing Date _____

4. Assignment _____

Date _____ Closing Date _____