



Big Brothers Big Sisters
of Central Virginia

2901 Langhorne Road, Lynchburg, VA 24501 • P: 434.528.0400 • F: 434.528.3234 • www.BigCVA.org

For BBBS Staff Only

Date of Inquiry:	Staff Taking Inquiry:
Program Interest: <input type="checkbox"/> Community <input type="checkbox"/> Site _____ <input type="checkbox"/> Other _____	
How did applicant hear about the program? <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Website <input type="checkbox"/> Direct Mail <input type="checkbox"/> General Knowledge <input type="checkbox"/> Special Event <input type="checkbox"/> Staff <input type="checkbox"/> Board <input type="checkbox"/> Other _____ <input type="checkbox"/> Program Participant	
Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Office <input type="checkbox"/> Other _____	

First Name:	Middle Name:	Last Name:	Date of Birth:	
Home Address:	City:	County:	State:	Zip:
Home Phone #:	E-mail:	Work Phone #:	Cell Phone #:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	Employer:		
Employer Address:	City:	State:	Zip:	
Occupation:	Ethnicity:	Religion		
Can We Contact You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Hours:	How Long Employed:		

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Education:
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Have you ever applied before to be a Big Brother or Big Sister? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when? _____



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References

Attached are three (3) reference forms (*if obtaining this online, be sure to print out 3 copies of the reference form*). Please ask each reference to complete one (1) of these forms. These references should all be individuals who have known you for at least one (1) year. You may list former teachers, community friends/associates, co-workers, employers, a close family member; i.e. parent, sibling, spouse or domestic partner; or other. If you list a close family member, please only do so for one reference. Please return these references with your application packet at the time of your interview.

I understand that:

- 1) the references I listed may be contacted by mail, telephone, or e-mail;
- 2) this application in no way obligates me 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) our BBBS agency is not obligated to match you with a youth;
- 5) BBBS can close your Match at any time based solely on their professional decision to do so.
- 6) as part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for an assignment.

If Matched with a child: I agree ____ do not agree ____ for photos taken of me at BBBS-related events to be used by the agency for media/publicity purposes. In the event I should wish to retract my permission for disclosure of my name and/or photo, I will notify Big Brothers Big Sisters in writing.

Signature _____

Date _____