



Big Brothers Big Sisters of Northwest Arkansas

610 E. Emma Avenue, Suite D Springdale, AR 72764 Email: bbbsnwa@bbbsnwa.org

Phone: (479) 756-5683 Toll-Free 1-877-756-5683 Fax: (479) 756-0147

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.
_____ School/Site Based Big.
_____ Unsure - please tell me more about my options.

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

Personal reference (a co-worker or friend who has known you for **at least 2 years**):

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

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

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

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 1.14.10

