



5. Are you experiencing any physical or mental health problems?  
\_\_\_No \_\_\_Yes If yes, please explain:

6. Have you **EVER** been arrested, charged or convicted of a crime? (this may include **ANY** misdemeanor or felony on your record.) \_\_\_No \_\_\_Yes If yes, please explain:

7. Do you anticipate any significant life changes over the next year or have you had any in the past year?  
\_\_\_No \_\_\_Yes If yes, please explain:

8. Do you speak any foreign languages?  
\_\_\_No \_\_\_Yes If yes, which? \_\_\_\_\_

9. Is there anything else you would like to tell us about yourself or any questions you may have?

## REFERENCES

Please print information requested for three references: 1) your current or past employer who has known you for at least one year; 2) a co-worker, friend or neighbor who has known you for at least two years; 3) a close family member (spouse/ domestic partner) or a second friend who has known you for at least three years.

1. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Years Known \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I understand that:

1. The references I listed may be contacted by 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 a 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 process, I will be asked to provide personal information prior to any recommendations for assignment.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Big Brothers Big Sisters  
of The Village Family Service Center

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Big Brothers Big Sisters of The Village Family Service Center  
501 40<sup>th</sup> St. S. • 2<sup>nd</sup> Floor  
Fargo, North Dakota 58103

I have been provided and understand information on the screening process for consideration as a Big Brother/Big Sister volunteer. I attest that the information on this application/release form is accurate to the best of my knowledge. I understand that it will be necessary for The Big Brothers Big Sisters Program to investigate my background and to check my character references. I understand and agree that this may include, but is not limited to, information and records pertaining to criminal history or background, driving records, child abuse and neglect record checks and auto insurance coverage.

I hereby give my consent for this information exchange and authorize such agencies and individuals to release any information requested by The Big Brothers Big Sisters Program, its agents, employees or other representatives.

This release will remain in effect for the duration of my participation in The Village Big Brothers Big Sisters Program.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

(Please Print) FULL NAME \_\_\_\_\_  
First Full Middle Name Last

PLEASE LIST complete addresses for the preceding five years including city, county and state, beginning with your current address. Please include the county.

COUNTY (mo./yr.) (mo./yr.)

1. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
4. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
5. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
6. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

If you need more space, please attach an additional sheet with this information.