



Big Friend – Little Friend, Inc.
610 W 23rd St Suite 11
Yankton, SD 57078
(605) 665-6365
www.bigfriendlittlefriend.org

VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____

Marital Status (optional): _____ Spouses name: _____

Employer: _____ Occupation: _____

Do you have a valid driver's license? Yes No Please provide a copy with application.

Do you have current car insurance? Yes No Please provide a copy with application.

Please list any clubs or organizations to which you belong: _____

Have you ever volunteered for a youth organization? Which ones? _____

Why do you want to become a Big Friend?

What are you favorite things to do?

1. _____

2. _____

What age child do you prefer to mentor? (Circle one) 7-9 10-11 12-14

Please share more about you and your interest in mentoring: _____

PERSONAL REFERENCES: Please list four references that we can contact. (ONE work reference and THREE non-family references that will be able to provide a personal profile of you.) Please provide complete addresses.

WORK REFERENCE:

Name of Supervisor: _____

Company Name: _____

Company Address: _____

Phone Number: _____ Email: _____

PERSONAL REFERENCE:

Name: _____

Address: _____

Phone Number: _____ Email: _____

How do you know this person? _____

Length of time known? _____

PERSONAL REFERENCE:

Name: _____

Address: _____

Phone Number: _____ Email: _____

How do you know this person? _____

Length of time known? _____

PERSONAL REFERENCE:

Name: _____

Address: _____

Phone Number: _____ Email: _____

How do you know this person? _____

Length of time known? _____

If the answer to any of the above questions is YES, explain below with all applicable dates, locations and circumstances.

I certify that the above information is true and correct. I understand that any false statement or omission may result in non-acceptance into the Big Friend – Little Friend, Inc. Program.

Applicant Signature

Date

RELEASE AND CONSENT FORM

I, _____, do hereby grant permission to Big Friend Little Friend, Inc permission to use my image. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Big Friend Little Friend, Inc website and social media.

Adult Mentor Signature

Date

CONFIDENTIALITY POLICY

It is the policy of Big Friend Little Friend, Inc to protect the confidentiality of its participants and their families. With the exception of the limitations listed below, the program director will only share information about mentors, mentees and their families with Big Friend Little Friend, Inc board members, or student interns. Additionally, mentors are required to keep information about their mentee and his/her family confidential.

Records are considered the property of the agency, and are not available for review by mentors, mentees or parents/guardians.

LIMITS OF CONFIDENTIALITY

Information from mentor and/or mentee records may be shared with individuals or organizations under the following conditions:

- Information may be shared with another agency only with the signed release form from mentors, mentees, and/or parents/guardians.
- Written consent received for Big Friend Little Friend, Inc to use a mentor or mentees images in media as outlined in media release.
- The Executive Director will report any abuse or neglect of a minor.

I do understand and agree with Big Friend Little Friend, Inc confidentiality policy.

Name

Date

BIG FRIEND LITTLE FRIEND, INC
RELEASE STATEMENT

I, the undersigned, hereby state that if accepted as a Big Friend, I agree to abide by the rules and regulations of the Big Friend Little Friend Program. I understand that the program involves spending a minimum of one hour/week with the Little Friend. Further, I understand that I will attend a training session, keep in regular contact with my Little Friend, and communicate with staff regularly during this period. I am willing to commit to one year in the program and the match will continue until it is officially dissolved by the program.

I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the Big Friend Little Friend program, participating organizations, and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Big Friend Little Friend program.

I understand that the Big Friend Little Friend program staff reserves the right to terminate a mentor/Big Friend from the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as criminal check with the local authorities. Program staff and board of directors have final right of acceptance of the applicant into the program and reserve the right to terminate a Big Friend from the program at any time. I have read the above Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of applicant

Date