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PARENT PERMISSION AND RELEASE FORM (to be filled out by parent/guardian)

HIGH SCHOOL BIGS

I, _____ give permission for my child,
_____ to volunteer as a High School Big Brother or Big Sister.

I understand that the minimum time they will be volunteering is one school year, and that they will spend an hour each week with an elementary or middle school student, either in-person or on an approved BBBSMT online virtual platform. I understand that their involvement in the Big Brothers Big Sisters program will be under the guidance of Big Brothers Big Sisters Staff. Big Brothers Big Sisters does not provide transportation. It is the volunteer's responsibility to provide their own reliable transportation.

In the event that my child rides with a fellow classmate to and from the designated school to participate in the Big Brothers Big Sisters High School Bigs mentoring program, I give my permission and acknowledge and accept the risk associated with such transportation. I further release Big Brothers Big Sisters of Middle Tennessee from any and all liability for personal injury and property damage associated with or resulting from such transportation, including any liability for negligence.

I feel this is a good opportunity for my child and fully support and recommend their involvement with the program. Please accept this permission form as a positive reference for my child to participate in this program.

Parent/Guardian Signature

Date

VOLUNTEER MEDIA RELEASE

I do ___/do not ___ grant to Big Brothers Big Sisters of Middle Tennessee, or those for whom they are acting as indicated below, the right and permission to copyright and/or publish photographic portraits, pictures or videos in which I may be included in whole or in part of composite or reproductions thereof in color or otherwise made through any media or photography for art, advertising, trade or any other similar lawful purpose whatsoever, including television, social media and product packaging.

I waive my right to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith.

I hereby release and hold harmless Big Brothers Big Sisters of Middle Tennessee, its agents, successors and all persons acting under its permission or authority or those for whom it is acting from any liability whatsoever by virtue of any publication, dissemination, or processing, including blurring, distortion, alteration, use of optical illusion, and taking of said picture or in any processing leading to the completion of the finished product.

Parent/Guardian Signature

Date



VOLUNTEER PRE-ENROLLMENT

First Name:	Middle Name:	Last Name:	Date of Birth:
Home Address:	City:	County:	State: Zip:
Home Phone #:	Cell Phone #:	Email:	
Gender Identity:	Ethnicity:	School ID/Social Security #:	
High School:	Class for 2023-2024 : <div style="display: flex; justify-content: space-around; width: 100%;"> Sophomore Junior Senior </div>		
Possession of a driver's license is not a requirement to participate in any of our programs unless you will be responsible for driving yourself to the school site.			
Emergency Contact Name:	Emergency Contact Phone #:	Relationship to Applicant:	

1. Are you able to connect (via smartphone or other technology) with a Little on an **approved BBBSMT online virtual platform**? No Yes
2. Have you ever applied before to be (or have been) a Big Brother or Big Sister?
 No Yes (If so, when and where: _____)
3. Have you even been involved before with Big Brothers Big Sisters in any other way?
 No Yes (If so, when and how: _____)
4. What, if any, other youth organizations have you worked for or been involved with as a volunteer?
(Example: volunteering with a day care, tutoring younger students, leading Sunday school, etc)
5. What, if any, extracurricular activities are you involved in?

REFERENCES

Please include reference information for three adults who have known you for at least one year.

1. Parent/Guardian's Name:	Address if different from above:		
Home:	Cell:	Email:	
2. Teacher/Guidance Counselor/Coach's Name:		School Name:	
Phone:	Email:		
3. Youth Serving Contact Name:		Organization Name:	
Phone:	Email:		

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) The BBBS agency is not obligated to match me with a youth;
- 3) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 4) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Student Signature

Date



CONFIDENTIALITY POLICY

(Signed by Student)

The BBBS of Middle Tennessee respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. In order to provide service, which is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the clients or volunteers. It is the agency's responsibility to protect the confidentiality of reference responses and counseling reports by not disclosing their content to a volunteer or client applicant. Therefore, the agency may decide not to disclose the reason for rejection to the client or volunteer applicant.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers. Clients and volunteers must sign this summary statement indicating an understanding of the agency's confidentiality policy and agree to program participation under the guidelines before being accepted into the program.

Information will be released to other individuals or non-BBBS organizations only with the client or volunteer's written consent. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.

State law mandates that suspected child abuse be reported to the appropriate authorities (Tennessee Department of Children's Services or local law enforcement agency). If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

At the time a child or volunteer is considered as a match candidate, information is shared by the agency with the prospective match parties. The information about the volunteer may include such items as: age, sex, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child/parent may include such items as: age, sex, race, religion, interests, hobbies, family situation, sexual orientation, living situation etc.

I understand that some information, including opinions of the social worker, may be shared with parents of a potential Little Brother or a Little Sister or a potential volunteer. I hereby give my authorization for such limited release and use of information that may otherwise be deemed confidential pursuant to the policies contained in the complete confidentiality policy statement and I release and waive any liability against the organization, all Big Brothers Big Sisters personnel and the Board of Directors of said organization.

I have read, received a copy, and understand the above document which summarizes the agency policy of confidentiality of client and volunteer records. I agree to abide by the conditions it sets forth.

Volunteer's Signature

Date



AUTHORIZATION FOR CRIMINAL BACKGROUND AND MOTOR VEHICLE REGISTRATION CHECK

The agency requires a criminal background and motor vehicle record check prior to approval of any adult volunteer or once a volunteer applying to become a mentor turns 18. Written authorization will be obtained from the volunteer prior to the submission to the search agent, Sterling Volunteer.

Give the following information as listed on your current, valid driver's license:

First Name	Middle Initial	Last Name
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Street	City	State	Zip Code
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Social Security Number	Driver's License #,	State Issued,	Exp. Date
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Date of Birth

Submitted By: (for office use only)

VOLUNTEER STATEMENT OF UNDERSTANDING

I understand that signing this form authorizes Big Brothers Big Sisters of Middle Tennessee to request a criminal background and motor vehicle registration check from their search agent, Verified Volunteers, and use the results to assess my approval as a Big Brother or Big Sister in the program. This authorization allows submission of a criminal background and motor vehicle checks from volunteers who are ages 18+ for the entire period I am involved in the BBBSMT program. I understand and agree there may be multiple checks depending on the length of time I am involved in the program.

Signature	Date
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Applicant Reference Form #1: To be filled out by Parent or Guardian

*Reference must have known potential volunteer for at least one year

Big Brothers Big Sisters is dedicated to changing the lives of young people in Middle Tennessee. As part of the background work, we ask each applicant for personal references, and they have selected you for us to contact. Please complete the questions below as accurately and honestly as possible. Once completed, please return to the student/potential volunteer, or if you prefer to return your reference confidentially, turn your completed reference to BBBS folder in front office. If you have any questions, please contact a BBBS staff member- contact information listed on the first page of this application. *Thank you* for your part in this process.

Applicant's Name: _____ **Date:** _____ **Relationship to Applicant:** _____

Reference's Name _____

Reference's Phone Number: _____ **Reference's Email:** _____

About our program: As a "high school big," your child will be paired with a younger student for at least one academic school year and will help with homework, read books, eat lunch together, play games, or talk about life.

1. Do you believe this program will be a good fit for your child? Please explain.

2. Have you ever seen the applicant interact with younger children? **YES / NO**

If yes, in what capacity (i.e. babysitting, caring for younger siblings, youth group, tutoring, etc)?

How would you describe that interaction? How do kids respond to him/her?

If not, describe their interactions with their peer or with other family members.

3. What would you say are the strengths of the applicant? (i.e. their creativity, maturity level, attitude, work ethic, level of responsibility, etc.)



4. How would you describe the applicant's general level of commitment? Do you have any concerns about the applicant's ability to follow through?

5. What types of personalities or characteristics do you think the applicant may find challenging in a child?

6. What type of child do you think the applicant would work best with?

7. What reservations or concerns might you have at this time about the applicant becoming a mentor in a one to one relationship? (i.e. *academic performance, maturity level, behavioral problems, other commitments*)

8. Is there anything else you would like us to know about the applicant?

Thank you for your time and honest answers!



Applicant Reference Form #2: To be filled out by a Teacher/Counselor/Coach

*Reference must have known potential volunteer for at least one year

Big Brothers Big Sisters is dedicated to changing the lives of young people in Middle Tennessee. As part of the background work, we ask each applicant for personal references, and they have selected you for us to contact. Please complete the questions below as accurately and honestly as possible. Once completed, please return to the student/potential volunteer, or if you prefer to return your reference confidentially, turn your completed reference to BBBS folder in the front office. If you have any questions, please contact a BBBS staff member- contact information listed on the first page of this application. *Thank you* for your part in this process.

Applicant's Name: _____ **Date:** _____ **Relationship to Applicant:** _____

Reference's Name _____

Reference's Phone Number: _____ **Reference's Email:** _____

About our program: As a "high school big," this student will be paired with a younger child for at least one academic school year and will help with homework, read books, eat lunch together, play games, or talk about life.

1. How long have you known the applicant? _____

2. Have you ever seen the applicant interact with younger children? **YES / NO**

If so, how would you describe that interaction? How do kids respond to them?

If not, how would you describe their interactions with their peers?

3. What would you say are the strengths of the applicant? (i.e. their creativity, maturity level, attitude, work ethic, level of responsibility, etc.)

4. How would you describe the applicant's general level of commitment? Do you have any concerns about the applicant's ability to follow through?

5. What types of personalities or characteristics do you think the applicant may find challenging in a child?



6. What type of child do you think the applicant would work best with?

7. What reservations or concerns might you have at this time about the applicant becoming a mentor in a one to one relationship? (i.e. *academic performance, maturity level, behavioral problems, other commitments*)

8. Is there anything else you would like us to know about the applicant?

Thank you for your time and honest answers!



Applicant Reference Form #3: To be filled out by Youth Serving Organization

Big Brothers Big Sisters is dedicated to changing the lives of young people in Middle Tennessee. As part of the background work, we ask each applicant for youth serving references, and they have selected you for us to contact. Please complete the questions below as accurately and honestly as possible. Once completed, please return to the student/potential volunteer, or if you prefer to return your reference confidentially, turn your completed reference to BBBS folder in front office. If you have any questions, please contact a BBBS staff member, contact information listed on the first page of this application. *Thank you* for your part in this process.

Applicant's Name: _____ **Date:** _____ **Organization/Program:** _____

Reference's Name _____

Reference's Phone Number: _____ **Reference's Email:** _____

About our program: As a "high school big," this student will be paired with a younger child for at least one academic school year and will help with homework, read books, eat lunch together, play games, or talk about life.

QUESTIONS:

1. Please provide the volunteer applicant's dates of service in your organization:

2. Describe the applicant's position and responsibilities with your organization.
 - a. Did the applicant serve in a paid or volunteer position with your organization?
 - b. How does the applicant deal with authority, rules, and accountability?
 - c. How did the applicant interact with other staff?
 - d. Has your organization ever received a complaint or concern from a parent, youth or other adult about this applicant? (Please describe the nature of the complaint or concern).
 - e. Were there ever child-safety concerns with the applicant interacting with children/youth on your organization? Please explain.

3. Please provide the applicant's reason for leaving:



4. Would you accept this person as a volunteer/staff for your own organization again? Yes No
 - a. On a scale of 1-10 how strongly would you recommend this applicant for this volunteer position and why?

5. What was the time commitment asked of the applicant?
 - a. Were there issues with the applicant fulfilling that commitment?

6. Did you observe the applicant interact with children/youth? Yes No
 - a. What was his/her role in interacting with youth?

 - b. What were your impressions of those interactions?

 - c. How did the children/youth respond to the applicant?

7. Tell me about the applicant's general strengths and areas for growth:

8. Do you have any reservations with the applicant working one-on-one with a child/youth? Yes No
If yes, please explain.

9. Is there anything else you would like to tell us about the applicant?

Thank you for your time and honest answers!

