

Volunteer Pre-Interview Questionnaire

Prior to your personal interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you will give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

1. Which do you enjoy more?
 Indoor activities Outdoor activities
2. Would you describe yourself as a person who enjoys:
 Watching events or activities Actively participating in activities Both
3. In identifying a youth for you to work with, are there any special considerations you want us to know about?
 No
 Yes (If yes, we will have to discuss those considerations during the in-person interview.)
4. Do you have any guns or ammunition in your house?
 No
 Yes (If yes, we will have to discuss what safety precautions are necessary around youth.)
5. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels or internet access?
 Yes
 No (If not, we will discuss during the in-person interview.)
6. Do you have any pets that could potentially scratch or bite a child?
 No
 Yes (If yes, we will discuss what safety precautions are around youth.)
7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?
 No
 Yes (If yes, we will have to discuss those problems during the in-person interview.)
8. Do you anticipate any significant life changes over the next year or have you had any in the past year?
 No
 Yes (If yes, we will discuss those changes during the in-person interview)
9. Would you be willing to work with a child who has experienced physical, emotional or sexual abuse?
 Yes No
10. Do you speak any foreign languages? Yes _____ No
11. Is there anything else you'd like to tell us about yourself or any questions you may have of me? (use back of sheet)

Signature: _____ Date: _____



Big Brother Big Sisters of Frederick County
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(301) 694-9455

In selecting an appropriate adult to be matched with a young person, many factors are considered, including background, interest, and experience. Many of the questions below are designed to elicit this information. We will be checking your background and references, so please be accurate in filling out this form.

First Name:	Middle Name:	Last Name:	DOB:	
Home Address:	City:	County:	State:	Zip:
Email:	Home Ph#:	Work Ph#:	Fax:	
Male Female (circle one)	Social Security #:	Employer:		
Work Address:	City:	State:	Zip:	
Occupation:	Ethnicity:	Highest Level of Edu. Completed:		
Can we contact you at work? <input type="checkbox"/> yes <input type="checkbox"/> no	Work Hours:	How long employed:		
Possession of a driver's license is not required to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.				
Do you have a driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, state of issue and #:	Expiration Date:		

References

Please provide 3 references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner/boy or girlfriend) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):	Supervisor's Name (or teacher if a student):			
Address:	City:	State:	Zip:	
Day Phone#:	Fax #:	Email:		

2. Coworker/Friend's Name:			
Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	
3. Spouse/Domestic Partner/Friend/ Boy/Girlfriend's Name:			
Address:	City:	State:	Zip:
Day Phone #:	Fax #:	Email:	
Have you ever applied before (or have been) to be a Big Brother/Sister? Yes No (circle one)	Where and When?		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?			

I understand that:

- 1) The references I listed may be contacted by mail, 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 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, and,
- 5) As part of our enrollment processes, I will be asked to provide additional personal information prior to making any recommendations for assignment.

Signature

Date

Motor Vehicle Addendum

1. Have you had any violations or accidents (at fault or not at fault) within the last five years?

2. Have you ever been stopped, arrested or convicted of any incidents or accidents involving the following:

_____ Driving under the influence?

_____ Speeding?

_____ Reckless Driving?

3. Has your driver's license ever been suspended or revoked? If yes, please explain.

Insurance Certification

This is to certify that I, _____, maintain personal auto liability insurance with the limits of at least \$100,000/\$300,000 bodily injury and \$25,000 property damage or \$300,000 combined single limit.

Signature of Volunteer

Date

PLEASE PROVIDE A COPY OF YOUR ITEMIZED AUTOMOBILE INSURANCE COVERAGE PAGE

Big Brothers Big Sisters of Frederick County, MD Inc.
Automobile Liability Policy Waiver

I understand that as a condition of the Big Brothers Big Sisters of Frederick County's volunteer liability insurance policy, I must carry a personal auto liability insurance policy with limits of at least \$100,000/\$300,000 bodily injury and \$25,000 property damage (or \$300,000 combined single limit). If I do not carry a personal auto liability with these limits, Big Brothers Big Sisters of Frederick County's auto liability will not cover me or my vehicle. I will not make Big Brothers Big Sisters of Frederick County liable for any financial obligation in the event of a liability case.

Signature of Volunteer

Date

Witness Signature

Date

PLEDGE

I, _____, will take all steps necessary to insure that guns, and other lethal objects are in safe custody and not accessible, so that my Little Brother/Sister is not placed in danger or harmed in any way.

Signature of Volunteer

Date

AUTHORIZATION AND RELEASE

for use of

Big Brothers Big Sisters of Frederick County, MD Inc.

TO WHOM IT MAY CONCERN:

I, _____, having applied with Big Brothers Big Sisters of Frederick County, MD Inc., to serve as a volunteer with Big Brothers Big Sisters, and fully recognizing the responsibility lodged with Big Brothers Big Sisters to determine that only those of good moral character, fitness and ability are accepted to serve as volunteers with Big Brothers Big Sisters, hereby authorize and request every police department, employer, school official, medical health professional, medical doctor, social services agency, and every other person, firm, officer, corporation, association, organization, or institute having control of any documents, record or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of a Big Brothers Big Sisters volunteer, to furnish the originals or copies of any such documents, records and other information to Big Brothers Big Sisters, or any of their representatives, and permit Big Brothers Big Sisters or any of their representatives to inspect and make copies of any such documents, records, and other information including, but not limited to criminal and/or traffic, employment, personnel or scholastic records, or any and all medical reports, laboratory reports, or clinical abstracts which may have been made or prepared pursuant to or in connection with any examination(s), consultation(s), test(s), and evaluation(s) of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries and questions submitted to them by Big Brothers Big Sisters or their authorized representatives, and to appear before Big Brothers Big Sisters and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including, but not limited to employment, personnel or scholastic records, or clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with Big Brothers Big Sisters or their authorized representatives to share all such information with other authorities, including, but not limited to the parents of children with whom I will potentially be matched, I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby release and exonerate every police department, employer, school official, mental health professional, medical doctor, and every other person, firm, officer, corporation, association, organization, or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information for the investigation made by Big Brothers Big Sisters or their authorized representatives.

I have read the above authorization and release form.

Signature of Applicant

Date

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize BIG BROTHERS BIG SISTERS OF FREDERICK COUNTY, MD or other authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other sources providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Please Provide Minimum 7 years of Residential History Below

Name: _____ Alias/Other: _____
(First, Middle, Last – Print Clearly)

Date of Birth: _____ Social Security No.: _____

Driver's Lic. No.: _____ State: _____ Signature: _____

(1) Current Addr.: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr.: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr.: _____ City/State: _____

County: _____ Dates/From: _____ To: _____

Witnessed by: _____ Date: _____

IMPORTANT: FOR CLIENT USE ONLY - Please order any of the following:

Check Alias/ Other name: Yes _____ No _____

(1) Criminal Search: Current Addr _____ (2) Criminal Search: Previous Addr. _____

(3) Criminal Search: Previous Addr _____

Maryland Statewide _____ Maryland Traffic _____ Social Security Trace _____ MVR _____
Sexual Offender (where available) _____ Wants/Warrants _____ Credit Report _____ FACS Plus _____
Federal Criminal _____ Federal Civil _____ Bankruptcy _____ Workers' Compensation _____
Civil Judgment: Upper _____ Lower _____ Federal Tax Lien _____ State Tax Lien _____
Verification (Specify Number of Items): Education _____ License _____ Employment _____