



VOLUNTEER MENTOR APPLICATION

Amachi Texas is a joint initiative of the Office the Governor, the Texas Department of Criminal Justice, Texas Education Agency, OneStar Foundation and Big Brothers Big Sisters of Texas.

Referral Source: **Dallas Bar Association**
 BBBS Staff: **Mandy Klem**

PERSONAL INFORMATION

First Name:		Middle Name:		Last Name:		Preferred Name to be called:	
Home Address:		Apt #:	City:		County:		State: Zip:
Home Phone #:	Work Phone #:		Cell Phone #:	Best # and time to call?		Email:	
Date of Birth:		Gender: Male/Female	Marital Status:		Ethnicity:		Nationality:
Occupation:			Employer:				
Address:				City:		State:	Zip:
How Long Employed:		May we contact you at work? Yes No			Work Hours:		
Highest Level of Education Completed:		Are you currently a student? Yes No		If yes, name of school:			Year in School:
Social Security #:	Possession of a driver's license is not required to participate in our programs but is required if you will be transporting a youth in a vehicle you are operating.			Do you have a driver's license? If yes, list DL #		State issued:	Expiration date:
Have you previously applied to be (or have you been) a Big Brother or Big Sister? Yes No			Where and When:				
How did you hear about Big Brothers Big Sisters? Dallas Bar Association – Christina Melton Crain, president							
List any other organizations where you worked and/or volunteered directly with youth.		Organization Name(s):			Contact Name / Phone # / Email		

REFERENCES

Please type or print information requested for four references: 1) current or past employer who has known you for at least **1 year**; 2) co-worker, neighbor or friend who has known you at least **2 years**; 3) friend, family or co-worker who has known you for at least **1 year**; and 4) close family member (spouse/domestic partner) or a friend who has known you for at least **3 years**.

Reference Name:	Day Phone #:	Email Address/Fax #:	Relationship to you:	How long have you known them?
1.				
2.				
3.				
4.				

I understand that:

- 1) The references and youth organizations 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) As part of the enrollment process, the BBBS agency will be asking me to provide additional personal information prior to making recommendations for assignment;
- 5) Volunteer Big Brothers and Big Sisters are not excluded on the basis of race, color, religion, national origin, gender, marital status, sexual orientation, veteran status or disability.
- 6) Parents are given the opportunity to express volunteer preferences in a match and those preferences are honored;
- 7) BBBS is not obligated to match me with a youth; and
- 8) If I am accepted as a Big Brother/Big Sister, I understand my obligation to meet with my Little Brother/Sister regularly 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 discontinue my service if I am requested to do so by the agency.

Signature

Date

Parent Signature, if under 18

Date

To begin your volunteer enrollment process, please return the following completed forms and items to the Big Brothers Big Sisters headquarters:

1. completed *Volunteer Application*
2. completed *Notice and Authorization for Background Check*
3. photocopy of your driver's license
4. photocopy of your proof of auto insurance

MAIL:

**Amachi Texas
c/o Big Brothers Big Sisters
450 E. John Carpenter Freeway
Irving, TX 75062
ATTN: MANDY KLEM**

OR

TOLL FREE FAX:

**1-888-407-BIGS (2447)
ATTN: MANDY KLEM**

*Big Brothers Big Sisters' satellite offices are located in:
Abilene, Arlington, Dallas, Denton, Fort Worth, Frisco, Paris, San Angelo and Sherman.*

NOTICE AND AUTHORIZATION FOR BACKGROUND CHECK

NOTICE

This is to inform you Big Brothers Big Sisters ("BBBS") may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. BBBS may additionally obtain information concerning your background, character, medical conditions, employment, education, and military experience. Information obtained by BBBS will be used only for the purposes of assessing your suitability to become a volunteer and matching you with a Little Brother or Little Sister.

AUTHORIZATION

I hereby authorize and instruct BBBS to procure a report on me, including a criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct BBBS to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a Big Brother or Big Sister, including obtaining information from medical providers, employers, educational institutions, military agencies, and any other sources. If I become a volunteer for BBBS, I authorize BBBS to repeat these investigations at any time for as long as I remain a volunteer. I authorize BBBS to disclose relevant information obtained from its investigations to the parent/legal guardian of any child considered as a possible Little Brother or Little Sister to effectively enable the parent to exercise "parental choice" in accepting or denying me as a Big Brother or Big Sister for their child. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish to BBBS any and all information they may have regarding me. I unconditionally release and hold harmless BBBS and its officers, directors, employees, and agents and any party furnishing information to them pursuant to this authorization from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify BBBS and its officers, directors, employees, and agents for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about upon the written request of law enforcement agencies. Furthermore, I understand that BBBS holds the right to deny my participation in the program and, for confidentiality, is not required to disclose reasons for doing so. A photocopy of this authorization may be accepted in lieu of the original.

_____ Date

_____ Signature

PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION

PLEASE PRINT:

Complete, Legal Name: _____ Gender: M _____ F _____

If name changed (through marriage or otherwise), print former name _____

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State _____ Expires _____

RESIDENCES (Past 7 years listed current to oldest):

(Current) City _____ State _____ Zip Code _____ County _____

City _____ State _____ Zip Code _____ County _____

City _____ State _____ Zip Code _____ County _____

City _____ State _____ Zip Code _____ County _____

City _____ State _____ Zip Code _____ County _____

Have you ever been (circle which) charged with / convicted of a (circle which) misdemeanor / felony? No _____ Yes _____

Details: _____

Have you ever been cited for a traffic violation? No _____ Yes _____ Details: _____

For the safety of the children, BBBS conducts a background check on all potential volunteers.

Signature _____

**Disclosure and Consent to Release of Information
Regarding Criminal or Abuse/Neglect History**
*For Applicants, Employees or
Volunteers of DFPS Contractors and Subcontractors*

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

1. Have you ever been convicted of or pleaded “guilty” or “no contest” to a felony or misdemeanor as an adult or juvenile? Include deferred or probated adjudications as well as convictions that have been set aside. Yes No

If yes, give details including date, location and nature of the offense and disposition for each such incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor? Yes No

If yes, give details, including date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? Yes No

If yes, give details, including the state and county in which each such investigation occurred.

I declare the information provided on this statement is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.

I authorize DFPS to verify any information provided by me through the investigative records maintained by DFPS and any other state protective services agency, as well as records of any law enforcement agency, including the Texas Department of Public Safety and the Federal Bureau of Investigation.

I consent to DFPS' disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting or volunteer service with such contractor.

Printed Name of Person Completing Form

Signature of Person Completing Form

Date Signed

Big Brothers Big Sisters

Contractor's Name

23393446

Contract #