



FOR OFFICE USE ONLY	
Date Received	_____
Date Entered	_____
Intro Attended	_____
Refs Sent	_____
Refs Recvd	_____
Orientation Mtg	_____

Application for Volunteer Big Sisters

Please complete all sections of this application in full. Return it as soon as possible along with a copy of your Illinois Driver's License (or State ID) to:

**Jennifer Levy, LCPC, Director of Social Services,
c/o Wellsprings Health Associates, 1 East Erie Street, Suite 355, Chicago, IL 60611.**

For questions regarding this application, contact Jennifer at 312-485-5478.

Please type or print.

PART 1: Application

Personal

Full Name _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

How long have you lived at this address? _____

If less than 3 years, please list previous address:

Address _____ Apartment # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Which phone number above is the best to use to reach you? _____

Which day(s) and time(s) are best to reach you? _____



Volunteer Big Sister Applicant's Name _____

Date of Birth _____

Marital Status: Married Single Divorced Widowed

If married or involved, have you discussed your interest in JBS with your immediate family or partner?

Yes No If yes, how do they feel about it? _____

Number of children _____ Ages _____

Are you affiliated with a synagogue? Yes No

Do you have a car? _____ Do you have car insurance? Yes No

Driver's License # _____ State Issued _____

Emergency Contact: Name _____

Relationship _____ Phone number(s) _____

Education

Highest level of education _____ Degree earned _____ Date _____

Describe any additional professional training _____

Employment

Current place of employment _____ Title/Position _____

Address _____

Occupation _____

Current job description _____

Length of employment _____

If you've been at your current position less than 10 years, please list your prior two jobs, positions held, length of employment and brief job description.

Former place of employment _____ Title/Position _____

Address _____

Occupation _____

Job description _____

Length of employment _____

Former place of employment _____ Title/Position _____

Address _____

Occupation _____

Job description _____

Length of employment _____

Volunteer Interests

How did you learn about Jewish Big Sisters (JBS)? _____

Why do you want to be a volunteer with JBS? _____

What areas of JBS interest you most? And why? _____

Indicate with a check mark if you would consider a one-on-one match with a child who has:
(check as many as apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Low income | <input type="checkbox"/> Discipline/behavioral problems | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> Learning disability(ies) | <input type="checkbox"/> Family problems | <input type="checkbox"/> Physical handicap |

JBS encourages volunteers to make a minimum of a one-year commitment to the organization. Are you able to do this?

Yes No Comments _____

Have you volunteered for other organizations? Yes No

If yes, please list when and where _____

If yes, what did you like about the experience? _____

What didn't you like? _____

Other

What are your current hobbies/activities? _____

Do you speak any languages other than English? Yes No

If yes, please list _____

Have you had any experience working with children/teens? Yes No

If yes, please describe _____

Do you have any medical restrictions? Yes No

If yes, briefly describe any restrictions that could inhibit your involvement with JBS _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please provide details _____

Additional comments about yourself _____

I understand Jewish Big Sisters (JBS) considers factors such as personality, health and behavior in determining whether a volunteer may be accepted into Jewish Big Sisters. I also understand, in determining the suitability of this application, certain relevant information may be shared with the JBS Board at the discretion of the professional staff.

I understand the information I have given herein or will give to the professional staff or other JBS representatives may be substantiated by JBS. If necessary, JBS may request additional personal information as it pertains to the Big Sister applicant's involvement with the organization.

I understand all information will be considered confidential except for discretionary information that may be provided to the JBS Board, and to a perspective Little Sister and her parent(s) or guardian(s) in relation to a Big Sister/Little Sister match. This information would be determined by the professional staff.

JBS is not obligated to accept my application or to assign or actively seek to assign a Little Sister to me.

I agree to the statements above and agree, to the best of my knowledge, the statements set forth in this application are true.

Full Name _____

Signature _____

Date _____

PART 2: References

Business References: List your present employer (supervisor preferred) and, if employed at your current job less than five years, your previous employer (previous supervisor preferred).

Personal References: List three persons, other than relatives, who have known you for at least two years and know you well enough to vouch for your character and/or ability to work with children/teens. Out-of-town references are acceptable.

Please type or print.

Business References

Reference #1

Full Name (supervisor preferred)

Employer Name

Address _____ Suite # _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Email _____

How long did you work with this reference? _____

Reference #2

Full Name (supervisor preferred)

Employer Name

Address _____ Suite # _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Email _____

How long did you work with this reference? _____

Personal References

Reference #1

Full Name _____

Relationship to You _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

How long has this reference known you? _____

Reference #2

Full Name _____

Relationship to You _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

How long has this reference known you? _____

Reference #3

Full Name _____

Relationship to You _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

How long has this reference known you? _____

Volunteer Big Sister Applicant's Name _____

PART 3: Authorization to Release Information

To determine my qualifications for acceptance in JBS and a volunteer assignment, I authorize Jewish Big Sisters to conduct an investigation of my application.

I hereby authorize my current and previous employer(s) and personal references to furnish Jewish Big Sisters with any information they have on record concerning my employment or my character, and do hereby release the respondent from any and all claims and liabilities arising out of or in the course of furnishing this information.

Full Name _____

Maiden Name (if applicable) _____

Signature _____

Date _____

PART 4: Authorization for Background Check

We are requesting this authorization for the protection of the children of Jewish Big Sisters and the organization.

Full Name (First, Middle Initial, Last) _____

Maiden Name and/or Any Names Formerly Used (if applicable) _____

Social Security # _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

How long have you lived at this address? _____

All Previous Addresses During Most Recent Five Years

Address _____ Apartment # _____

City _____ State _____ Zip _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Birth Date _____ Height/Weight _____

Hair Color _____ Eye Color _____

I hereby authorize Jewish Big Sisters to conduct a periodic search of the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an indicated incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act.

This authorization is given as part of my application to volunteer for Jewish Big Sisters. All information relative to this background investigation is confidential and any dissemination will be in accordance with state and federal laws.

I certify the information provided on this form is true and correct.

Signature _____

Date _____