

FACTS ABOUT BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY

OUR MISSION

Create and support one-to-one mentoring relationships that ignite the power and promise of youth.

THE COMMITMENT FOR COMMUNITY-BASED MENTORING

In order to develop and maintain a meaningful relationship, a Big Brother, Big Sister or married Couple is expected to see their "little" on a consistent basis, either weekly or bi-weekly, for a minimum of one year. Although only a few hours per week/bi-weekly is required, the commitment is a serious one. Little Brothers or Sisters are often insecure and may feel a sense of loss if continuity is not maintained. Many find it hard to handle the disappointment of yet another person leaving their universe. Therefore, a volunteer Mentor should not go into the program without the understanding that a minimum of one year of his or her time is essential.

THE COMMITMENT FOR SCHOOL-BASED MENTORING

School-based Big Brothers and Sisters make a commitment to meet with their Little Brothers and Sisters once a week or every other week, depending on the program, for an entire school year.

THE PROCESS

Big Brothers Big Sisters of Coastal & Northern New Jersey provides professional staff service for the recruitment, screening, training, and supervision of the Big/Little matches.

VOLUNTEER SCREENING PROCESS

Each adult volunteer applicant is carefully evaluated for acceptance as a volunteer Big Brother or Big Sister. The evaluation process consists of completing an application form, obtaining four references, a DMV check, a criminal background check, NJ Sex Offender check, fingerprinting, an interview, and attendance at ongoing training & development sessions.

MATCHING PROCESS

This is the process in which one child is assigned to one adult or couple. Prior to a child being matched, a case manager interviews the child and parent to gather additional information that may be pertinent. Issues considered in making a match are age, interests, location, personalities and the volunteer's experience with children and the seriousness of the child's issues. The volunteer(s) assigned to a child should be able to develop trust, and provide friendship, motivation, guidance and a positive role model for the child.

SUPERVISION & SUPPORT

Each match is assigned a professional case manager who will keep monthly contact with the parent, child and volunteer. The case manager is there to support the match relationship and to provide a healthy and encouraging atmosphere for all involved.

THE PROCESS (continued)

ONGOING TRAINING SESSIONS

Special training sessions in areas of interest to Big Brothers and Big Sisters (e.g. child development, school problems, family problems that impact a child, communication, etc.) are planned and scheduled at convenient times, as needed. This also gives volunteers the opportunity to discuss match issues with each other, facilitated by professional staff.

ONGOING ACTIVITY PROGRAMS

The agency provides ongoing recreational, community service and educational opportunities for Bigs and Littles throughout the year.

These activities may include Back to School Events, bowling, holiday parties, career-focused workshops, pool parties, and complimentary tickets to entertainment or sporting events. Our Bigs and Littles also participate in Community Service activities when they become available.

SUPPORT TO CHILDREN & FAMILIES

BBBS staff and friends from the community make it possible to provide, on a limited basis, scholarships to camp, food & clothing, recycled bicycles & computers, tickets to events, college scholarships and information and referral services for special needs and interests.

VOLUNTEER APPLICATION

I. PERSONAL:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Ethnicity (optional): _____

If proficient in another language, please list: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Other Phone: _____ Email: _____

Marital Status:

Select: Single Married Divorced Widowed Separated Other Years Married: _____

Spouse's Name: _____

Children (Names, Gender and Ages):

Have you discussed your plans to become a Big Brother Big Sister with your spouse/family? Select: Yes No

Is he/she/they in accord? Select: Yes No

How did you hear about us?

II. EDUCATION:

Highest Level of Education: _____ College(s) Attended: _____

Do you plan on returning to school? Select: Yes No If yes, when? _____

III. EMPLOYMENT:

Current Employer: _____ Work Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____ Work Hours: _____

How long employed? _____ Can we contact you at work? Select: Yes No

IV. EMPLOYMENT HISTORY:

Please List Your Last 2 Jobs:

1) Employer: _____ Position: _____

Dates Employed: From: _____ To: _____

Reason for leaving:

2) Employer: _____ Position: _____

Dates Employed: From: _____ To: _____

Reason for leaving:

What, if any, other youth organizations have you worked for or been involved with as a volunteer?

Have you ever applied before (or have been) to be a Big Brother or Big Sister? Select: Yes No
If yes, when & where?

Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? Select: Yes No
If yes, when & where?

Which program(s) are you interested in applying for? Select: One to One Couples

V. REFERENCES:

Please **notify your references** so they are aware that Big Brothers Big Sisters will be in contact with them by phone or email. Your references will only be contacted via email regarding this reference. Their email address will **not** be added to BBBSCNNJ's contact list.

PERSONAL REFERENCES:

Please provide contact information for **three (3) personal references** who can vouch for your reputation, character and morals. **One MUST be a member of your family and the other two should be co-workers, friends or neighbors who have known you for AT LEAST 3 YEARS. These references will be asked about your home environment and interactions with children.** Please do not provide a significant other for this reference.

1) Name: _____ Relationship: _____ Years Known: _____

Email: _____ Phone: _____

2) Name: _____ Relationship: _____ Years Known: _____

Email: _____ Phone: _____

3) Name: _____ Relationship: _____ Years Known: _____

Email: _____ Phone: _____

PROFESSIONAL REFERENCE:

Please provide contact information for one **(1) professional reference** who can vouch for your professional conduct and demeanor. This reference may be a past or present employer, supervisor, colleague, or professor.

1) Name: _____ Relationship: _____ Years Known: _____

Email: _____ Phone: _____

PLEASE MAKE SURE THAT YOU HAVE PROVIDED ALL THE NECESSARY INFORMATION. INCOMPLETE APPLICATIONS WILL RESULT IN PROCESSING DELAYS.

VI. AUTO INSURANCE FORM/DRIVER'S LICENSE:

All employees and volunteers must carry auto insurance in the amount required by the State of New Jersey. This is so we can provide excess auto liability protection while involved in the Big Brothers Big Sisters of Coastal & Northern New Jersey Agency.

In addition to completing this form, a copy of your driver's license and insurance card **MUST** be placed in your file. Please bring them to your office interview so we can make a copy for your file. **ONLY** with these documents will our insurer provide coverage. Each year a new copy must be given to the BBBS office for your files to keep information updated.

Name of Applicant: _____

Driver's License #: _____
(will be used to obtain an abstract of your driver history record.)

State of Issue: _____ **Expiration Date:** _____

Insurance Agency: _____

Agent Name & Phone #: _____

Insurance Company & Policy Number:

Limits/Bodily Injury/Property Damage or Combined Single Unit:

By signing below, I agree to notify Big Brothers Big Sisters of Coastal & Northern New Jersey of any changes in my auto insurance coverage and driving record.

Applicant's Signature

Date

**PLEASE MAKE SURE THAT YOU HAVE PROVIDED ALL THE NECESSARY INFORMATION. ☐
INCOMPLETE APPLICATIONS WILL RESULT IN PROCESSING DELAYS**

VII. BACKGROUND CLEARANCE

Last Name: _____ Middle Name: _____ First Name: _____

Date of Birth: _____ Social Security #: _____

Maiden Name or Other Names Used: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Other Home Address (if current is less than 5 years): _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of a criminal offense? Select: Yes No

If yes, please give details:

Are there currently any pending arrests or criminal charges against you? Select: Yes No

If yes, please give details:

I certify that all statements herein are complete and correct, and agree that (A) Big Brothers Big Sisters is authorized to furnish information concerning this application and are released from all liability for furnishing such information and (B) that I may be checked through First Advantage*, the Department of Motor Vehicles, and Criminal and Sexual Offense databases, and (C) any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination.

I hereby authorize the addressed Police Departments and Court Houses to furnish First Advantage any Criminal or Traffic Information they may have on record or otherwise, and do hereby release the addressed institution and all individuals connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Applicant's Signature

Date

* Please be advised that First Advantage is a well-known, web-based security check used by many volunteer based agencies. It is fully encrypted.

VIII. VOLUNTEER ASSESSMENT POLICY AND AGREEMENT

It is the policy of Big Brothers Big Sisters of Coastal & Northern New Jersey, Inc. to accept volunteer applicants who in the professional opinion of the intake staff and Executive Director will provide a stable, committed, and healthy adult mentoring opportunity for an eligible child who has been accepted into our program to be matched with an adult mentor.

Whereas prospective volunteers may apply who are inappropriate for the specific needs of our program, the professional intake staff and the Executive Director may decide, based on available assessment materials, to reject a prospective volunteer at any time during the intake process or upon completion of the intake assessment. This is done through a letter to the volunteer. The applicant may request a review with the Executive Director.

Because the intake process covers an extensive amount of information, and for purposes of confidentiality, the applicant may or may not be told the reason for rejection.

A prospective volunteer agrees to accept the professional decision made realizing that this assignment is a specialized one and not suitable for all those who apply.

Applicant's Signature

Date

I understand that:

- 1) If I am accepted as a volunteer, I will follow all BBBS ground rules and policies including no overnight visits between Bigs and Littles.
- 2) The references I listed may be contacted by mail, telephone, or email;
- 3) I am in no way obligated to perform any volunteer services and may rescind my application at any time;
- 4) The information I may provide will 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;
- 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and
- 6) As part of the enrollment process, I will be asked to provide additional personal information prior to acceptance into the program.
- 7) If I am accepted as a volunteer a summary of information will be shared with the child's parent/guardian which may include the following personal information: age, occupation, interests/hobbies, race, religion, sexual orientation, marital status, smoker status, living situation (including town), and experience with children.

Applicant's Signature

Date