



Big Brothers Big Sisters of East Central Ohio

Volunteer Pre-Enrollment Form

Name		M	F	DOB		Age	
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Address		
	City	State Zip
Phone	(H) (W) (Cell): E-mail:	Can you receive calls at work? Y N Best time to call:
Occupation	Employer	

Marital Status		Household Members		
<input type="checkbox"/> Single		Name	Age	Relationship to You
<input type="checkbox"/> Married				
<input type="checkbox"/> Re-married				
<input type="checkbox"/> Divorced				
<input type="checkbox"/> Widowed				

Have you ever applied to (or have been) a Big Brother/ Big Sister? Y N
 Location: _____ When? _____

Please list any experience you've had working with children:

Have you ever been arrested or convicted of a crime? Y N Explain: _____

References: Please list four persons who have known you at lease one year and would be willing to attest to your reputation, character, and morals. If employed, the first reference **must** be your employer. **Do not list relatives.** If applying as a couple, you must include at least one person who knows you as a couple.

Name/Relationship	Address	Phone
1. Employer (Supervisor's name)		
	E-Mail	
2.		
	E-Mail	
3.		
	E-Mail	
4.		
	E-Mail	

Case Manager Signature/Date: _____