

VOLUNTEER RELEASE OF INFORMATION AUTHORIZATION

I understand it will be necessary for Big Brothers/Big Sisters of Fairfield County to investigate my background and to check my character references. I hereby give my consent for this exchange of information and authorize release of any information requested by BB/BS. I also understand all information will be held in strict confidence and is to be used only by the Big Brother/Big Sister Agency of Fairfield County, Inc. The program has been explained to me and I believe in its philosophy. I hereby give my consent to be matched with a youth and release the Big Brothers/Big Sisters program from any and all liability.

1. Name of person(s) or organization(s) to whom disclosure is to be made:
Big Brothers/Big Sisters of Fairfield County.
2. Specific type of information to be disclosed:
History of criminal activity and driving record, verification of vehicle insurance
3. The purpose and need for such disclosure:
To screen volunteer for the Big Brothers/Big Sisters Program
4. This consent expires for the following reason:
UPON TERMINATION OF MATCH

Volunteer signature

Date signed

Volunteer Date of Birth

Volunteer Social Security Number

Volunteer Driver's License Number

Insurance Company, Agent

Witnessed By

Date Witnessed

The volunteer release of information authorization form is prepared by Big Brothers/Big Sisters of Fairfield County, Inc. in accordance with the authority specified in Public Act 56 of 1973. This form is in compliance with Title 42 or the Code of Federal Regulations, Part II.

VOLUNTEER POLICY
(PLEASE READ)

A personal interview is designed to establish a profile of you and your interests. This profile will be used by the association to best match you with a Little Brother/Little Sister. Except for parents and /or guardians with a direct responsibility for a Little Brother/Little Sister who has been pre-screened and is actively being considered for a match with you, all elements of your profile will be kept in the strictest of confidence. Of course, before any assignment of a Little Brother/Little Sister, a similar profile of the child and the family will be discussed with you to insure that your preferences will be respected.

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon, to perform the volunteer service herein applied for and that the agency is not obligated to assign, or to actively seek to assign him/her a Little Brother/Little Sister and (2) as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel.

Big Brothers/Big Sisters reserves the right to reject a candidate for any reason which the association, in its sole judgment, determines will or may affect either the best interests of a Little Brother/Little Sister or Big Brothers/Big Sisters of Lancaster and Fairfield County, Inc.

Further Big Brothers/Big Sisters reserves the right to withhold the reason(s) for such refusal.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brother/Big Sister agency.

I give permission to Big Brothers/Big Sisters of Fairfield County to use identifying information (picture, name, personal descriptions) regarding myself in agency publications and/or promotional materials.

The undersigned expressly agrees to the above stated conditions in applying as a volunteer with Big Brothers/Big Sisters.

Date: _____ Signed: _____ Printed: _____

APPLICATION FEE:

Big Brothers/Big Sisters of Fairfield Count is a non-profit agency. We receive our funding from United Way and fund raising, as well as personal donations. While our funding is limited, our agency continues to grow. Expenses related to processing the application, references and criminal checks are costly. We are asking volunteers to cover the cost of providing the criminal background check, which costs approximately \$20.00, so that we can direct more of our monies toward direct service to our children.

If the fee is difficult for you financially and will prevent you from applying, we will waive this fee. Otherwise, payment is greatly appreciated. Please complete this form and return with your application.

() I will cover the cost of my criminal background check () Please waive fee.

Date: _____ Signature: _____

Criminal Background Check Providers:

Fairfield Information Services, 133 S. Broad St., Lancaster, OH 740-687-0645 (Call for service hours)

Fairfield County Sheriff's Office, 221 E Main Street, Lancaster, OH 740-687-3657 (Call for service hours)