

FREQUENTLY ASKED QUESTIONS

BECOME A BIG!

Just the Facts

The best way to change the world is one life at a time. Becoming a Big Brother, Big Sister or Big Couple gives you the opportunity to make the world a better place by offering a child the life-changing asset of a mentor. Volunteer mentors help guide a child down the right path – sharing, caring and just being there to help their Little reach his or her highest potential.

What children are referred to Big Brothers Big Sisters?

Children in the program come from every community in Fairfield County. They are between the ages of 6 and 18.

What is a Big Brother or Big Sister?

The role of a Big Brother or Big Sister is to be a special friend and to provide caring, role modeling, and mentoring to one boy or girl in our program.

What is the time commitment?

Our Big Brothers, Big Sisters and Big Couples see their Little Brothers and Little Sisters 2 or more times a month for two to four hours per outing in our community-based program and we ask our community-based mentors to commit to one year. Our school-based Bigs get together with their Littles each week of the school year for one hour and we ask that the school-based mentors commit to the entire school year and written correspondence during summer break. And of course, we encourage our mentors to continue with their matches beyond the required commitment. And they often do, since these relationships can become life-long. As an agency, we support the match until the child graduates from high school or turns 18.

Who can become a Big Brother or Big Sister?

To become a Big Brother or Big Sister with our agency, an individual must pass a criminal background check, provide three references and be stable and dependable. Adult mentors must be at least 18 years of age, possess a valid driver's license and have an insured vehicle. We also match Big Couples with Little Brothers in our program.

Who pays for this service?

There is no charge to the children or families who receive services from our agency. To recruit, screen, train, match and support mentors and children in our programs, Big Brothers Big Sisters fundraises through special events like our Laugh for Kid's Sake, Dream Big Celebration, Bowl for Kids' Sake, and Annual Campaign. Funding is also received through private and public grants from foundations, businesses and individuals.

How many kids do you serve?

Big Brothers Big Sisters of Fairfield County provides services to approximately 200 children annually through our community-based and school-based mentoring programs. Our school-based matches get together at the school site during the school year, while our community-based matches enjoy activities year-round in the community. We support activities for the matches, such as our Halloween Kings Island Trip, Holiday Party and more.

The best time is now.

We currently have over 50 terrific kids waiting for their Big Brother or Sister. If you've ever considered becoming a Big Brother or Sister, the best time is now. The need is great, and so are the rewards. Call (740) 687-9477 or email jpugh@bbbs-fairfieldoh.org and find out how you can take the next step.

ENROLLMENT PROCESS

Step 1

- APPLICATION
- Submit your application & pre-interview questions

Step 2

- INTERVIEW
- You will be contacted to complete an in-person interview with a member of our staff to learn more about you, your personality, & your interests

Step 3

- BACKGROUND CHECK
- Our staff will contact your references, complete a local and national criminal check, and a driving record check (for community based matches).

Step 4

- TRAINING
- Complete 3 hour in-person Pre-Match training

Step 5

- ACCEPTANCE/DENIAL
- Not every person who applies is accepted into our program. You will be contacted by a member of our staff to inform you of our final decision.

Step 6

- MATCH MEETING
- Bigs are matched with a Little based on similar interests, geographical location, and complimentary values to ensure a lasting friendship.
- Once a match is made, a Big and Little will meet for the first time in our office to make the match official.

Step 7

- SUPPORT
- Each match is contacted by a case manager once a month for the first year to receive support and guidance. After the first year, match support is performed quarterly.



Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to jpugh@bbbs-fairfieldoh.org , via fax to 740-687-9477, or in-person or postal service to 111 South Broad Street, Suite 106, Lancaster, Ohio 43130.

All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion, national origin, gender, or gender identity/expression.

VOLUNTEER APPLICATION		
APPLICANT INFORMATION		
Full Legal Name:		
Preferred Name:		Previous Name(s):
Home address:		
City:	State:	Zip Code:
Cell Phone: Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone:	Work Phone:
Primary email address:		Secondary email address:
Date of Birth (MM/DD/YYYY):	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans* <input type="checkbox"/> Other: _____	PREFERRED PRONOUNS <input type="checkbox"/> He/him/his <input type="checkbox"/> She/her/hers <input type="checkbox"/> They/them/their <input type="checkbox"/> Other: _____
SSN:		
RELATIONSHIP STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living with Significant Other <input type="checkbox"/> Domestic Partner		ORIENTATION <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual
ETHNICITY/NATIONALITY <input type="checkbox"/> American Indian/Alaska Native: _____ <input type="checkbox"/> Asian: _____ <input type="checkbox"/> African/African American: _____ <input type="checkbox"/> Hispanic: _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander: _____ <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial: Black & Asian <input type="checkbox"/> Multi-Racial: Black & Hispanic <input type="checkbox"/> Multi-Racial: Black & White <input type="checkbox"/> Multi-Racial: Hispanic & Asian <input type="checkbox"/> Multi-Racial: Hispanic & White <input type="checkbox"/> Multi-Racial: _____ <input type="checkbox"/> Other: _____		FAITH AFFILIATION <input type="checkbox"/> Christian: _____ <input type="checkbox"/> Agnostic <input type="checkbox"/> Amish <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Islamic <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Jewish <input type="checkbox"/> Mormon/LDS <input type="checkbox"/> Quaker/Mennonite <input type="checkbox"/> Salvation Army <input type="checkbox"/> Scientology <input type="checkbox"/> Seventh Day Adventist <input type="checkbox"/> Shamanism <input type="checkbox"/> Traditional Native American <input type="checkbox"/> Wiccan/pagan <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other: _____
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	State of issue:	Expiration Date:
Driver's license number:		



VOLUNTEER APPLICATION

EMERGENCY CONTACT

Name:	
Phone:	Relationship:

EMPLOYMENT & EDUCATION

Current employer:		
Job Title:		
Employer address:		
City:	State:	ZIP Code:
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of employment?	Work Hours:

<p style="text-align: center;">HIGHEST LEVEL OF EDUCATION</p> <input type="checkbox"/> No high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Masters degree <input type="checkbox"/> Doctoral degree (PhD) <input type="checkbox"/> Juris Doctorate (JD) <input type="checkbox"/> Doctor of Medicine (MD)	<p>Years completed:</p> <hr/> <p>Year graduated:</p>
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RESIDENCY

Have you lived in Ohio for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No --- If no, please provide your previous address(es):	
Dates:	Address:
Dates:	Address:
Dates:	Address:

MILITARY SERVICE

Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of service:
BRANCH <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> ROTC	STATUS <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Separated/Discharged	CHARACTER OF SEPARATION/DISCHARGE <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Other than honorable conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable

REFERENCES

Please list information for at least three references below including:

- 1. Your spouse or significant other (i.e. live-in partner, girlfriend, boyfriend). If you do not have a spouse or significant other, please list a parent, sibling, or other relative.**
- 2. A current (or former) manager or supervisor for at least 1 year. If you are a student, please provide a professor, advisor, or faculty member who has known you for at least 1 year. If you are self-employed, please provide a client or partner you have worked with and have known for at least 1 year.**
- 3. A friend, roommate, or co-worker that you have known for at least 1 year.**

Spouse or Significant Other

Name:

Phone number:

Email address:

Relationship:

Years known:

Professional Reference

Name:

Phone number:

Email address:

Relationship:

Years known:

Personal Reference

Name:

Phone number:

Email address:

Relationship:

Years known:

Youth Serving Organization

Have you worked for or volunteered with an organization where you worked directly with youth within the past 5 years? Yes No

If you answered yes, please complete the section below. Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered directly with youth within the past 5 years. Please list additional references on separate page if needed.

Organization:

Direct Manager/Supervisor:

Phone Number:

Email Address:

Dates of involvement/employment:

Reason for leaving:

Organization:

Direct Manager/Supervisor:

Phone Number:

Email Address:

Dates of involvement/employment:

Reason for leaving:

Organization:

Direct Manager/Supervisor:

Phone Number:

Email Address:

Dates of involvement/employment:

Reason for leaving:

Organization:

Direct Manager/Supervisor:

Phone Number:

Email Address:

Dates of involvement/employment:

Reason for leaving:



VOLUNTEER AGREEMENT

PLEASE READ AND INITIAL EACH SECTION

Mission: The Big Brothers Big Sisters Mission is to provide children facing adversity with strong and enduring professionally supported one-to-one relationships that change their lives for the better, forever. I agree to cooperate in the fulfillment of the mission statement.

Initial: _____

Certification: I certify that the information contained in this application form is true, correct and complete to the best of my knowledge. I authorize the BBBS to utilize mail, email, or telephone to make inquiries regarding my education, work experience, references and a criminal background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (see attached authorization), military records, and other records where required by local, state, or federal law for volunteers working with youth. I release all parties and persons associated with any such inquiries from liability in connection with information they give.

Initial: _____

Volunteer Terms: I agree to abide by the rules and regulations of BBBS and understand that my services are donated to the BBBS without contemplation of compensation.

Initial: _____

Media Consent: I give permission for BBBS to use, without limitation or obligation, my image and voice, including photos and video, for publicity purposes to promote the BBBS program. The images/voices may be used in various promotional materials (such as our website), news media publicity, Facebook, Instagram, and Twitter. It is my understanding that first names, images/voices may be used by BBBSFC corporate partners. I agree that there will be no compensation whatsoever for this participation or for the use of resulting materials by Big Brother Big Sisters. Big Brothers Big Sisters of Fairfield County unconditionally releases me from all liabilities or claims that may result from the existence and use of any such materials.

Initial: _____

Medical Treatment: I give permission for BBBS staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.

Initial: _____

Release of Liability/Participation: I am an adult age 18 or older and wish to participate in BBBS activities. In addition, if applicable, I give permission for my dependents to participate in BBBS activities. I understand that accidents can sometimes happen. Therefore, in exchange for the BBBS allowing me, and if applicable, my spouse and my dependents to participate in BBBS activities, I understand and expressly acknowledge that I release the BBBS, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in BBBS activities whether on or off BBBS' premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of BBBS, its employees, boards, members, volunteers or guests.

Initial: _____

Limits of Confidentiality: The undersigned acknowledges and agrees that any normal limits on confidentiality do not apply in the case of negligence, instances of physical or sexual abuse, or if applicant is deemed to be a danger to himself/herself/or others, and that such information as the agency may have in these matters can be used in civil or criminal proceedings. I am in no way obligated to perform any volunteer services. As part of our enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview; understand that the information I provide in the enrollment process will be kept confidential unless disclosure is required by law and with exceptions noted below.

- I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being);
- For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as BBBS of America may have access to records.

Initial: _____

Program Acceptance: I understand that BBBS is not obligated to match me with a youth in the program and that it may be for any number of reasons that it is not considered a good fit. I understand that BBBSFC is not obligated to give reasons for non-acceptance. Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references; As part of the enrollment processes. It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (i.e. address, phone number, auto insurance, new criminal charges, etc.). I agree to timely communication and follow-up with all agency staff. At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges, and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Initial: _____



Volunteer Confidentiality Agreement: As a volunteer with Big Brothers Big Sisters of Fairfield County, I understand that I may become aware of certain confidential information which includes, but is not limited to:

- All medical and personal information concerning Littles and their families
- Information regarding the provision of services

- 1) It is expected that I will keep such information in the strictest confidence.
- 2) I understand that this confidentiality agreement will be kept on record at Big Brothers Big Sisters of Fairfield County.
- 3) I understand that written authorization shall be obtained only by a staff member from the Little's Parent/Guardian before any information can be disclosed to another individual, organization or program.
- 4) I understand that any information that is shared will be done so only with the permission of the Little's Parent/Guardian and only when appropriate to serving the best interest of the Little.

Initial: _____

X _____
Signature of volunteer

Date

X _____
Signature of BBBS Staff

Date

PRE-INTERVIEW QUESTIONS

Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

Name: _____

Date: _____

Programs

We have several specialized programs, please indicate your preference. Please note that your preference can be changed and will be further discussed as the enrollment process continues. You can select more than one program.

Community Based Mentor program (18+)
This is our signature program, where Bigs and Littles meet in the community 2 or more times each month to participate in social activities, such as going to a movie, going to a sporting event, or simply hanging out. The important part of their activity is the one-to-one time and the consistency of the relationship.

School Based Mentor program (18+)
This looks much like our Community based program, but instead of meeting in the community, our Bigs and Littles meet for one hour each week at the Little's school. They work on homework, play games, or venture outside together.

Community Based Big Couples (21+)
The Big Couples Program provides a unique opportunity for married couples. It's a Community-Based match very similar to that of the one-to-one program, except that the married couples are matched together with one Little Brother. They still meet with their Little at his house and then go participate in activities, but the Big Couple program provides a woman and her spouse with some flexibility.

They can hang out with a Little as a couple, but if one spouse is particularly busy one week, then the other can spend time with the Little individually. The Little benefits not only from adding two new caring people into his life, but he also gets to see first-hand how two adults interact in a healthy, loving relationship. The Big Couple program is perfect for any married couple, but particularly for the younger married couples or the "empty nesters" with grown children.

General

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
 Yes No - If yes, please describe:

2. Do you anticipate any significant life changes over the next year or had any in the past year?
 Yes No - If yes, please describe:

3. Why do you want to become a volunteer with Big Brothers Big Sisters?

4. What interests you about working with children?

5. BBBS of Fairfield County serves children throughout the entire county. What distance from your home/work are you comfortable driving in order to pick up your Little? 5-10 miles 10-15 miles 15-20 miles 20+ miles

6. Our office hours are Monday-Friday, 9:00am-5:00pm and Fridays are by appointment only. Are there any days and/or times that generally are available for you to come in to interview with us when we find a Little who might make a good match for you?

7. Are there any personality traits, health factors, or family history events in your Little's life that would make you uncomfortable? No family history of abuse family history of addiction family history of incarceration

physical/mental health diagnosis <input type="checkbox"/> youth with developmental delays <input type="checkbox"/> picking up your Little in an unsafe neighborhood <input type="checkbox"/> other: _____		
8. FOR BIG SISTERS ONLY: We tend to have more Big Sisters waiting than Little Sisters but a large group of Little Brothers on the wait list. Due to this backlog, we occasionally will ask if a Little Brother is okay being matched with a Big Sister. Would you be okay being matched with a Little Brother if the opportunity arose? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Do you have any guns, ammunition, or other weapons in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Do you have a concealed weapon permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Do you speak any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, which one(s):		
12. Are there any pets or animals that reside in your home or on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details:		
13. Are there any people besides yourself living in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details below:		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
14. Is there anything else you'd like to tell us about yourself or any questions that you have?		
Criminal		
1. According to BBBS policy, felony convictions at any time are subject to review and may disqualify you from participating in our program. Have you ever been convicted of a criminal offense (other than an expunged juvenile offense)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details:		
2. Have you had any driving citations and/or moving violations in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
3. Have you had any convictions that BBBS may consider to be in reasonable conflict with the related duties of this volunteer job, including any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:		
4. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:		
5. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:		
Health		
1. Are you experiencing any physical or health issues that may interfere with or limit your interactions with your Little? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
2. Have you seen a mental health professional within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the authorization for exchange of confidential information form.		
3. Do you have a history of drug or alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you been sober for a minimum of 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you used any illegal drugs within the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No BBBS is a drug free organization.		
Insurance		
Our insurance requires that volunteers maintain minimum limits of auto liability coverage. It is very important, for your liability and for the agency's, that you have the minimum coverage.		
1. Do you have and can you maintain Personal Auto Liability Insurance with the limits of at least \$25,000/\$50,000 Bodily Injury and \$25,000 Property Damage (or \$100,000 Combined Single Limit)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Can you submit a copy of your auto insurance card to Big Brothers Big Sisters of Fairfield County upon beginning my mentoring and at each insurance renewal period? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VOLUNTEER INTERESTS

Please check any areas of interest and activities that you would enjoy.

Name: _____

Date: _____

Sports		STEM (science, technology, engineering, & mathematics)	Arts & Crafts
<input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Gymnastics <input type="checkbox"/> Racquetball <input type="checkbox"/> Bowling <input type="checkbox"/> Skating <input type="checkbox"/> Weight Lifting <input type="checkbox"/> Skateboarding <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Jogging/Track <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Golf <input type="checkbox"/> Cheerleading <input type="checkbox"/> Wrestling <input type="checkbox"/> Paintball <input type="checkbox"/> Bicycling <input type="checkbox"/> Auto Racing <input type="checkbox"/> Ice Skating <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Auto Mechanics <input type="checkbox"/> Motorcycles <input type="checkbox"/> Woodworking <input type="checkbox"/> Model cars <input type="checkbox"/> Model boats <input type="checkbox"/> Model airplanes <input type="checkbox"/> Electronics <input type="checkbox"/> Space <input type="checkbox"/> Coding <input type="checkbox"/> Robots <input type="checkbox"/> Architecture <input type="checkbox"/> Lego/Building blocks <input type="checkbox"/> Sudoku <input type="checkbox"/> Crime Scene Investigation <input type="checkbox"/> Weather <input type="checkbox"/> Medicine/Health <input type="checkbox"/> Video games <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Sewing <input type="checkbox"/> Cooking <input type="checkbox"/> Baking <input type="checkbox"/> Ceramics <input type="checkbox"/> Photography <input type="checkbox"/> Band <input type="checkbox"/> Singing <input type="checkbox"/> Acting <input type="checkbox"/> Dancing <input type="checkbox"/> Live Theatre <input type="checkbox"/> Anime <input type="checkbox"/> DIY <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Outdoor Life		Games	Miscellaneous
<input type="checkbox"/> Animals <input type="checkbox"/> Star gazing <input type="checkbox"/> Gardening <input type="checkbox"/> Snow boarding <input type="checkbox"/> Skiing <input type="checkbox"/> Water skiing <input type="checkbox"/> Boating/Canoeing <input type="checkbox"/> Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Hiking <input type="checkbox"/> Camping <input type="checkbox"/> Hunting <input type="checkbox"/> Horseback riding <input type="checkbox"/> Going to the park <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Card games <input type="checkbox"/> Playing video games <input type="checkbox"/> Checkers <input type="checkbox"/> Chess <input type="checkbox"/> Dominoes <input type="checkbox"/> Board Games <input type="checkbox"/> Dungeons and Dragons <input type="checkbox"/> LARP <input type="checkbox"/> Magic the Gathering <input type="checkbox"/> Puzzles <input type="checkbox"/> Charades <input type="checkbox"/> Treasure Hunts <input type="checkbox"/> Obstacle Course <input type="checkbox"/> Foosball <input type="checkbox"/> Table Tennis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Shopping <input type="checkbox"/> Movies <input type="checkbox"/> Talking <input type="checkbox"/> Restaurants <input type="checkbox"/> Museums <input type="checkbox"/> Garage Sales <input type="checkbox"/> Antiques <input type="checkbox"/> Reading: non-fiction <input type="checkbox"/> Reading: fiction <input type="checkbox"/> Reading: comic books <input type="checkbox"/> Reading: newspapers <input type="checkbox"/> Reading: Magazines <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
<p>1. Which do you enjoy more? <input type="checkbox"/> Watching activities <input type="checkbox"/> Doing activities <input type="checkbox"/> Both</p>			
<p>2. Which do you enjoy more? <input type="checkbox"/> Being outdoors <input type="checkbox"/> Being indoors <input type="checkbox"/> Both</p>			
<p>3. Do you feel that you would be successful with a <input type="checkbox"/> talkative or <input type="checkbox"/> quiet Little?</p>			
<p>4. Are there any other interests or preferences that you would like us to consider? _____</p>			



AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

PATIENT/VOLUNTEER INFORMATION

Name:		
Home address:		
City:	State:	Zip Code:
Date of Birth:	Cell phone:	Home Phone:

MEDICAL PROVIDER

Medical Facility:		
Provider Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

VOLUNTEER ORGANIZATION

Organization: Big Brothers Big Sisters of Fairfield County		
Address: 111 South Broad Street, Suite 106		
City: Lancaster	State: OH	Zip Code: 43130
Phone: 740-687-9477	Fax: 740-687-9277	Email: jpugh@bbbs-fairfieldoh.org

<p>FOR THE PURPOSE OF:</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Work</p> <p><input checked="" type="checkbox"/> Volunteer program</p> <p><input type="checkbox"/> Other:</p>	<p>INFORMATION TO BE DISCLOSED (check all that apply):</p> <p><input type="checkbox"/> History and physical</p> <p><input type="checkbox"/> Discharge and summary</p> <p><input checked="" type="checkbox"/> Behavioral health treatment records</p> <p><input type="checkbox"/> Lab reports</p> <p><input type="checkbox"/> Physical health treatment records</p> <p><input type="checkbox"/> Medication records</p> <p><input type="checkbox"/> Information on HIV or communicable disease treatment</p> <p><input checked="" type="checkbox"/> Drug and/or alcohol abuse</p> <p><input type="checkbox"/> Other (specify):</p>
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I authorize the release of my information to and from Big Brothers Big Sisters of Fairfield County and the above named medical facility/provider during the intake and match relationship process for the purpose of assessing eligibility for the Big Brothers Big Sisters of Fairfield County program and to facilitate matching and supporting my relationship with an appropriate "Little". This authorization shall become effective as of the date below and shall remain in effect for the duration of the Big Brothers Big Sisters of Fairfield County intake process and match relationship. This authorization will cease when I am no longer a waiting or active participant in the BBBS program. This form will automatically transform with me in the event of change of medical facility/provider.

Printed name:
Signature:
Date:

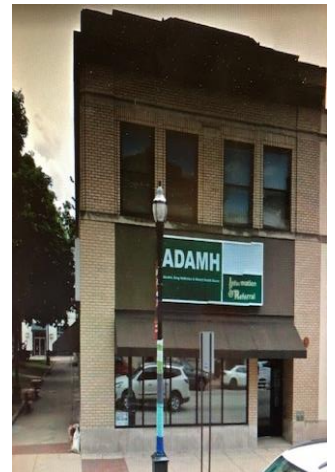
Big Brothers Big Sisters Office

111 South Broad Street, Suite 106
740-687-9477

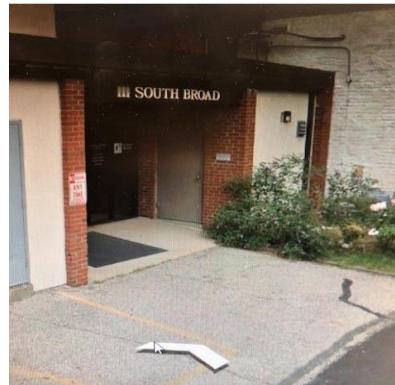
Aerial photo showing BBBS location.



View from Main St.



View from Broad Street. This alley is located between United Way and the Chase Bank building.



Front entrance for BBBS. This door is located across from Chase Bank Building and behind United Way.

There are public parking spots behind the Municipal Count building number 1-11 or street parking.



BBBS Office is located in the main hallway on the first floor. (Between the 211 and United Way offices)