



630 N. IL Route 31, Crystal Lake, IL 60012 Phone: 815-385-3855 Fax: 815-385-3852  
[www.bbbsmchenry.org](http://www.bbbsmchenry.org)

Dear Prospective Volunteer:

Thank you for your interest in becoming a volunteer “BIG” in our Afterschool Mentoring Program, and being a positive influence in the life of a child. As a volunteer you will be making a commitment to meet once a week with the same child for approximately an hour after your school day. At the program you will work on homework, play games, and talk in a structured and supervised setting. Basically, you will become a friend to a child, someone they can count on each week.

If you are involved in other activities such as NHS, sports, or have a job please make sure you can follow through with this commitment before filing out the application. Make sure this activity will fit into your schedule. Nothing is more heart breaking to a child than having a “BIG” that cannot make it each week or worse -- one who decides to quit after a couple of months.

If you are interested and think you have the desired qualities and time to commit, please return your **completed application, pre-interview questionnaire, mentor agreement, parent permission form, activities release, and three adult references.**

Our staff will contact you to coordinate you’re an interview with you. Upon acceptance, you will be scheduled to attend a mandatory group training session, and be scheduled to start when program starts during the school year.

Should you have any questions, please contact me **Stephanie.Schultz@bbbsmchenry.org** or at (815)385-3855. I look forward to meeting you!

Sincerely,

**Stephanie Schultz**  
Site-Based Coordinator  
Big Brothers Big Sisters of McHenry County



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### High School Volunteer Application

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_\_ Sex:  Male  Female  Transgender Race: \_\_\_\_\_

High School: \_\_\_\_\_ Grad Year: \_\_\_\_\_ School ID # \_\_\_\_\_

Check your year in school:  Freshman  Sophomore  Junior  Senior

Do you have a valid driver's license?  Yes  No

Parent Name: \_\_\_\_\_ Parent Employer: \_\_\_\_\_

Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_ Parent Work Phone: (\_\_\_\_) \_\_\_\_\_

**Three Required References: Please have each reference fill-out required attached form.**

**Parent/Guardian:**

Name: \_\_\_\_\_

**Teacher or Counselor:**

Name: \_\_\_\_\_

**Co-worker, Friend, or Neighbor (an adult who has known you longer than one year, non-relative)**

Name: \_\_\_\_\_

**Continue on back**

I understand that:

1. The references I listed may be contacted by telephone or email;
2. I am in no way obligated to perform any volunteer services;
3. The information I provided may 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;
4. **The BBBS agency is not obligated to match me with a youth;**
5. As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.
6. **Media Release:** I hereby consent to being the subject of photographs, news releases, etc., intended for the purpose of publicity and promotion of BBBS.

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Signature

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Date



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### High School Volunteer Pre-Interview Questionnaire

Prior to your in-person interview, we would like you to answer the questions below.  
The information that you provide will remain confidential in our agency.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Would you describe yourself as a person who enjoys:  
 Watching activities    Actively participating in activities    Both
2. Check the days of the week that you are available to volunteer.  
 Monday    Tuesday    Wednesday    Thursday
3. Are you volunteering with other friends?    Yes    No
4. Do you have transportation available to your selected site and home?  
 Yes    No
5. Would you be able to provide transportation for other mentors to and from the program?  
 Yes    No    Some of the time
6. Are there any special considerations you want us to know about before we match you with a child?  
 Yes    No (If yes, we will have you discuss during the in-person interview)
7. Are you experiencing any physical/mental health problems/issues that could affect a match?  
 Yes    No (If yes, we will have you discuss during the in-person interview)
8. Have you ever been charged with or convicted of a crime?  
 Yes    No (If yes, we will have you discuss during the in-person interview)
9. Do you anticipate any significant life changes over the next year or have you had any in the past year?  
 Yes    No (If yes, we will have you discuss during the in-person interview)

10. Will you be able to make a weekly commitment to the mentoring program throughout the entire school year?

Yes  No  Not sure at this time

List any barriers that you may have to your weekly participation:

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11. Do you speak any foreign languages?  Yes  No

If yes, please list: \_\_\_\_\_

12. How did you hear about the program? \_\_\_\_\_

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13. List any activities you anticipate being involved with during the school year (i.e. work, sports, drama, clubs):

Organization	Activity	Dates of Participation	Coach Release*

\*If you are participating in a sport or activity you must talk to the coach or supervisor to let them know that you will have to miss practice for the site based program and have them fill out the extracurricular release form with your application.

14. Is there anything else you would like to share about yourself, or any questions about our program?

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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### Site-Based Mentor Agreement

By reading and initialing the following items, I agree to participate in the mentoring program.

1.  I will meet with my Little on the assigned day, during the school year, when school is in session.
2.  I will notify the school and my BBBS Site Coordinator if I am unable to keep my scheduled appointment.
3.  I will act in accordance with school rules.
4.  I will stay at the program site with my Little. I agree not to meet with my Little outside of program.
5.  I will maintain regular contact with the BBBS Site Coordinator by responding promptly to calls, emails, and letters.
6.  If a problem arises in my relationship, I will contact my Site Coordinator immediately.
7.  I understand that I will learn information about my Little and their family members, which I will keep confidential. If the Little relays any information that he/she may be in physical or emotional danger, I will share that information immediately with the BBBS Site Coordinator.
8.  I will keep the agency informed of any change of address, phone number, or email.
9.  I will not be friends with my Little on Facebook or any social media site nor will I post photos of my Little on Facebook or any other social media site.
10.  I will assume full responsibility for my Little at the program. I will not leave my Little unattended or in the company of other persons.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### High School Volunteer Parent Permission and Release

I, \_\_\_\_\_, give permission for my son/daughter,  
\_\_\_\_\_, to volunteer as a High School Big Brother/ Big Sister for Big Brothers Big Sisters of McHenry County. I understand that the minimum time he/she will be volunteering is one hour per week when school is in session. I understand that his/her involvement in the Big Brother Big Sisters program will be under the supervision of a Big Brother Big Sisters staff member. I understand that my child is responsible for his/ her transportation to and from the program each week.

I feel this is a good opportunity for my son/daughter and fully support his/her involvement in the program. Please accept this permission form as a positive reference for my son/daughter to participate in this program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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### High School Volunteer Extracurricular Release Form

I understand and give permission for \_\_\_\_\_, to volunteer as a High School Big Brother/Sister for Big Brothers Big Sisters of McHenry County. I understand that he/she has committed to Big Brothers Big Sisters their time one hour per week after school from October to May.

Program Day \_\_\_\_\_ Time \_\_\_\_\_

I understand that there may be a time conflict with the above program and excuse he/she from practice/rehearsal/meetings(NHS)/work at that given time to mentor a child in need. I understand that he/she will **only** be excused from the Big Brothers Big Sisters program on the days he/she have a schedule game/meet/performance.

If you have any questions or concerns, please contact Karen Atkinson, Program Manager of Site-Based Programs at 815-385-3855, or via email [Karen.Atkinson@bbbsmchenry.org](mailto:Karen.Atkinson@bbbsmchenry.org)

_____	_____	_____
Advisor/Coach Signature	Activity	Date
_____	_____	_____
Advisor/Coach Signature	Activity	Date
_____	_____	_____
Volunteer Signature	Date	

If you are not going to be participating in any activities that meet after school weekly, please sign your name and write not applicable on an "Advisor/Coach Signature" line.





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**Site-Based High School Volunteer Reference Check**

**Volunteer Applicant :** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Reference Email:** \_\_\_\_\_

**Relationship to Volunteer:**  Parent  Neighbor  Teacher  Counselor  
\*Please note one reference form needs to be filled out by 1) parent/guardian, 2) teacher or counselor, and 3) co-worker, friend, or neighbor(non-relative you have known longer than one year).

1. How long have you known applicant? Year(s) \_\_\_\_\_ Months \_\_\_\_\_  
In what capacity do you know applicant? \_\_\_\_\_  
\_\_\_\_\_
2. Would you consider applicant to be a positive role model? If so, what qualities does applicant possess that makes them a positive role model?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Can you tell me about a time you observed applicant around a child or children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you know of any reason why being a Big Brother or Big Sister may not be the right volunteer experience for applicant?  
\_\_\_\_\_  
\_\_\_\_\_

**Continue on Back...**

5. Do you know of any reason why this may not be the best time for applicant to commit to being a Big Brother or Big Sister?

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6. Do you feel applicant would follow through with a one year commitment?

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7. What else would you like to tell us about applicant?

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If you are interested in knowing more about Big Brothers Big Sisters and how you can be involved, would you like to be contacted?  Yes  No Thanks

**If yes,** please let us know what you are interested in:

- Serving on a committee for or  volunteering at... (One or more of the following):

BBBS Fall Gala (November)

Swing for Kids' Sake (July)

Bowl for Kids' Sake (March)

Volunteer as a Mentor "Big"

Sponsor a Group Match Activity (\$350)

Sponsor an activity fee for a child \$\_\_\_\_\_

One time donation to support programs

Donation

Other: \_\_\_\_\_

Office Use Only :

- Follow-up contact needed?  Yes  No

- Record concerns below:



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