

711 South Dale Mabry Highway, Suite 300
Tampa, Florida 33609
(813) 769-3600



Big Brothers Big Sisters
of Tampa Bay
www.BBBSTampaBay.org

Dear Potential High School Volunteer:

Thank you for your interest in our Site-Based Mentoring Program at Big Brothers Big Sisters of Tampa Bay. We are proud to be a partner with your local county Schools to provide mentoring services. Studies have shown that children paired with a mentor do better in school, feel better about their selves, and have improved relationships with their peers and parents. We are excited that you have a desire to help a child in these areas, especially while you are in high school. You will be a role model to an elementary school student, as well as to your peers. By developing a commitment and responsibility to someone younger than yourself, you will encourage them to be a young leader for their own generation.

The program requirements are easy: you will spend one hour a week with a child at a local elementary school or after school program, who is enrolled in the Big Brothers Big Sisters site-based program. Typical activities include but are not limited to homework help, playing board or video games, playing basketball or other sports, or simply talking and spending time with the younger student. Unfortunately, not every volunteer will be accepted and matched in the program and acceptance is based on availability as well as a screening process. All student mentors are screened prior to acceptance in the program.

The requirements to volunteer are:

- **You are a sophomore or junior in high school**
- **You are able to commit to mentoring for a minimum of two school years.**
- **Have reliable, consistent transportation to and from the site each week after school**
- **Have verbal and written permission from parent/guardian to participate**
- **Have a minimum GPA of 3.0**
- **Successfully complete a volunteer interview and volunteer training session**
- **Commit to having contact with your BBBS Match Support Specialist monthly and complete surveys**
- **Comply with agency policies such as NO off-site visits**

Screening includes:

- A confidential check of student's criminal record, if available
- Reference checks with at least three personal references, including one parent reference, one adult personal reference, and one teacher/school personnel reference
- In-person interview, to determine your strengths, preferences, and areas of interests; the interview will not be scheduled until the completed application including all required references is submitted

We are pleased that you have expressed interest in our program. Please return the fully completed application including, the enclosed permission slip and parent reference form as soon as possible to your school's representative or email directly to camellial@bbbstampabay.org.

Sincerely,

Camille Lindsey
Customer Relations Specialist
Phone: (813) 769-3600 Ext. 3631
camellial@bbbstampabay.org



High School Big Brothers Big Sisters Application



Last Name: _____ First: _____ MI: _____

Address: _____ City/ZIP: _____

County: _____ How long have you lived in this county? _____

Date of Birth: _____ Age: _____ Ethnicity: _____ Gender: _____

Home Telephone: _____ Cell phone: _____

Email address: _____

Parent/Guardian's Name: _____ Parent/Guardian's Phone Number: _____

Parent/Guardian's Email address: _____

High School: _____ Grade/Year: _____ GPA: _____

Social Security Number _____ Student ID: _____

Do you anticipate any changes in your residence in the next year? _____ Explain: _____

Do you work? Yes No If yes, employer: _____

Normal Work Hours: _____

Why do you want to be a Big Brother/Big Sister? _____

Do you have any preference about the age, ethnicity, etc. of a child? _____

List any prior volunteer experience: _____

List any prior experience with children: Please list where and when. _____

List any organizations to which you belong (school, civic, religious): _____

How will you get to and from your weekly visit with your Little Brother/Little Sister? _____

Do you have a driver's license? Yes No DL #: _____

Has it ever been revoked or suspended? Yes No If yes, provide date and reason: _____

BACKGROUND/FAMILY INFORMATION:

Please list information about all others currently living in your household over 18 years of age.

Name	Date of Birth	Relationship

Signature of Applicant: _____ Date: _____

Thank you. Please **fax back** to Big Brothers Big Sisters of Tampa Bay (813)877-7057 or **email** directly to CamelliaL@bbstampabay.org

High School Parent Reference Form & Permission Slip



Big Brothers Big Sisters
of Tampa Bay

Student's Name: _____

This form is to be completed by the student applicant's parent or guardian. You should have received our brochure with this packet; please review this information if you need further details on our program. Volunteers act as a role model to the little brother or sister he/she is matched with, must possess good character, and must have the ability to follow through on their commitments. Please be completely thorough and honest in filling out this form.

1. Is your child doing well in school? If not doing well, please explain. _____

2. Is your child punctual; does he/she have excessive tardiness or absences? _____

3. Does your child follow through with commitments? _____

4. Do you foresee any problems with his/her involvement with the Site-Based Mentoring Program, one hour a week for at least two school years? _____

5. How does your child get along with his/her siblings, peers and adults? Please explain any serious or recurring problems. _____

6. Does he/she have any experience working with younger children? _____

7. Do you consider your child a leader among his/her peers? Please explain your answer. _____

8. Do you feel your child manages time well? _____

9. Please list any other activities or organizations your child has been involved in. _____

10. Has your child ever been involved in any criminal activity? If yes, explain. _____

Additional Comments: _____

I, _____, give permission for my son/daughter, _____ to volunteer in Big Brothers Big Sisters' Site-based Mentoring Program. I understand that the minimum length of involvement is two school years. I give permission for my child to be background screened. I further understand that the supervision and training of high school volunteers will be provided by the professional staff of Big Brothers Big Sisters of Tampa Bay. I will encourage my son/daughter to respond to phone calls from Big Brothers Big Sisters staff in a timely fashion. I will also make sure that my child has consistent transportation to and from the site. In order to assist in promoting the program, I give my consent for pictures of my child to be identified in print by first name only in any Big Brothers Big Sisters publication or production. I hereby grant Big Brothers Big Sisters the right to use this image as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography, agency website or newsletter, social media, and recordings.

Parent/Guardian Signature _____ Date _____
Name: _____ Phone Number: _____ Email address: _____

Thank you. Please **fax back** to Big Brothers Big Sisters of Tampa Bay (813)877-7057 or **email** directly to CamelliaL@bbbstampabay.org

High School Teacher/School Reference Form



Student's Name: _____

This form is to be completed by a school sponsor (e.g., guidance counselor, teacher, coach, etc.) **who has known student applicant at least 6 months.** Volunteers will represent their high school and will act as a role model to the little brother or sister he/she is matched with must possess good character, and must have the ability to follow through on their commitments. Please be completely thorough and honest in filling out this form.

1. How long have you known the student? _____

2. Do you feel that the student is happy with his/her academic potential? If not, explain. _____

3. Is this student doing well in school? If not doing well, please explain. _____

4. Is the applicant punctual; does he or she have excessive tardiness or absences? _____

5. Does the applicant follow through with commitments? _____

6. Do you foresee any problems with his/her involvement with the School-Based Mentoring Program for at least two school years? _____

7. How does the applicant get along with other students and faculty? Please explain any serious or recurring problems. _____

8. Do you consider this student a leader among his/her peers? Please explain your answer. _____

9. Please list any other student activities or organizations the student has been involved in. _____

Additional Comments: _____

Signature _____ Date _____

Name _____ Phone number _____

Position _____

High School Adult Personal Reference Form



This form is to be completed by an adult reference who has known student applicant to at least one year. Volunteers will represent their high school and will act as a role model to the little brother or sister he/she is matched with must possess good character, and must have the ability to follow through on their commitments. Please be completely thorough and honest in filling out this form.

Student's Name: _____ Date: _____

Person giving recommendation: _____

Answers given for this reference are confidential. Your response will assist us in our evaluation of this volunteer. Please answer the questions as fully as possible.

1. How long have you known this volunteer and in what capacity? _____

2. What is the nature of your relationship? _____

3. Please describe volunteer's personality: _____

4. Please check as many of the following as may apply to the volunteer:

- Responsible
- Domineering
- Shy
- Stable
- Timely
- Even tempered

- Flexible
- Patient
- Aggressive
- Dependable
- Good judgment
- Outgoing

- Defensive
- Cooperative
- Intolerant
- Reliable
- Assertive
- Well-adjusted

Others: _____

5. Does he/she follow through with commitments? _____

6. If you have any personal knowledge of volunteer's ability to relate to children, please describe these relationship(s): _____

7. Would you feel comfortable having the applicant as Big Brother/Big Sister to your own child or a child close to you? _____ If no, why not? _____

8. Do you know of any reasons why this person should not volunteer? _____

9. How well does this applicant assume responsibility? _____

10. How well does this applicant honor his/her commitments? _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Fax: _____

Thank you for your time. Please fax back to Big Brothers Big Sisters at the number below or email directly to CamelliaL@bbbstampabay.org.

Attention: Camille Lindsey, Volunteer Enrollment

Big Brothers Big Sisters of Tampa Bay, Inc.

711 S Dale Mabry Suite 300 Tampa, FL 33609

Phone: (813) 769-3600 ext3631 , Fax: (813) 877-7057

Thank you. Please **fax back** to Big Brothers Big Sisters of Tampa Bay **(813)877-7057** or **email** directly to **CamelliaL@bbbstampabay.org**