



Return application to:
10520 19th Avenue SE, Suite B
Everett, WA 98208
Phone: 425-252-2227
Fax: 425-259-2487
Email: knorman@bbbs-snoco.org



BECOME A DEFENDER OF POTENTIAL MENTOR APPLICATION

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. As a volunteer mentors you will help guide a child down the right path – sharing, caring, and being there to help your Little reach their highest potential.

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.

Who can become a Big Brother or Big Sister?

To become a Big with our agency, an individual must pass a criminal background check, provide three references, be stable, and dependable. Mentors in our school-based program must be at least 18 years of age. Mentors in our Community-based program must be at least 21 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.

What is the time commitment?

Our Big Brothers, Big Sisters and Big Couples see their Little Brothers and Little Sisters 2-4 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 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 pays for this service?

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

What children are referred to Big Brothers Big Sisters?

Children in the program come from all over Snohomish County and are between the ages 6 and 17.

How many kids do you serve?

Big Brothers Big Sisters of Snohomish 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 Back-to-School Backpack Picnic, Holiday Party and more.



ENROLLMENT PROCESS

ALL APPLICATIONS WILL BE GIVEN EQUAL CONSIDERATION REGARDLESS OF RACE, AGE, SEX, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, GENDER, GENDER IDENTITY, OR GENDER EXPRESSION.



STEP 1, APPLICATION: Submit your application and 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, and your interests.



STEP 3, BACKGROUND CHECK: Our staff will complete a local and national background check, a driving record check (for community based matches), and contact at least 3 references.



STEP 4, TRAINING: You will be asked to complete a 1 hour online child abuse prevention (CAP) training and a 3 hour in-person pre-match training.



STEP 5, ACCEPTANCE/DENIAL: Not every person who applies is accepted into our program. Once the enrollment process is complete, 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 and personality to ensure a lasting relationship. Once a match is made, the 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.

VOLUNTEER APPLICATION
APPLICANT INFORMATION

Full Legal Name (first middle last):

Preferred Name:

Previous Name(s):

Home address:

City:

State:

Zip Code:

Cell Phone:

 Is it okay to text you? Yes No

Home phone:

Work Phone:

Primary email address:

Secondary email address:

Date of Birth (MM/DD/YYYY):

SSN:

GENDER

- Male
 Female
 Trans Male
 Trans Female
 Nonbinary
 Other: _____

PREFERRED PRONOUNS

- He/him/his
 She/her/hers
 They/them/their
 Other: _____

RELATIONSHIP STATUS

- Single
 Dating
 Married
 Separated
 Divorced
 Widowed
 Living with Significant Other
 Domestic Partner

ORIENTATION

- Straight
 Gay
 Lesbian
 Bisexual
 Pansexual
 Don't know
 Prefer not to say
 Other:

RACE/ETHNICITY

- American Indian/Alaska Native
 Asian
 Black/African American
 Hispanic/Latinx
 Native Hawaiian/Pacific Islander
 White/Caucasian
 Multi-Racial: Black & Asian
 Multi-Racial: Black & Hispanic
 Multi-Racial: Black & White
 Multi-Racial: Hispanic & Asian
 Multi-Racial: Hispanic & White
 Multi-Racial: Hispanic & Black
 Multi-Racial: _____
 Other: _____

FAITH AFFILIATION

- Agnostic
 Amish
 Atheist
 Buddhist
 Catholic
 Christian – Denomination:
 Eastern Orthodox
 Evangelical
 Hindu
 Islamic
 Jewish
 Mormon/LDS
 Non-Denominational
 Protestant
 Quaker/Mennonite
 Other/Unknown
 Scientology
 Shamanism
 Wicca
 Traditional Native American

NATIONALITY:

TRIBAL AFFILIATION:

 Do you have a driver's license? Yes No

Driver's license number:

State of issue:

Expiration Date:

EMERGENCY CONTACT

VOLUNTEER APPLICATION

Name:

Phone:

Relationship:

EMPLOYMENT & EDUCATION

Current employer:

Job Title:

Employer address:

City:

State:

Zip Code:

May we contact you at work?

 Yes No

Length of employment?

Work Hours:

HIGHEST LEVEL OF EDUCATION

-
- No high school
-
-
- Some high school
-
-
- High school diploma
-
-
- Some college
-
-
- Associates degree
-
-
- Bachelors degree
-
-
- Masters degree
-
-
- Doctoral degree (PhD)
-
-
- Juris Doctorate (JD)
-
-
- Doctor of Medicine (MD)

Years completed:

Year graduated:

RESIDENCY

 Have you lived in Washington State for the last 5 years? Yes 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? Yes No

Dates of service:

BRANCH

-
- Air Force
-
-
- Army
-
-
- Marine Corps
-
-
- Navy
-
-
- Coast Guard
-
-
- ROTC

STATUS

-
- Active
-
-
- National Guard
-
-
- Reserve
-
-
- Retired
-
-
- Separated/Discharged

CHARACTER OF SEPARATION/DISCHARGE

-
- Honorable
-
-
- General (under honorable conditions)
-
-
- Other than honorable conditions
-
-
- Bad Conduct
-
-
- Dishonorable

REFERENCES

Significant Other or Relative Reference	
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. Big Couples cannot use their spouse as a reference.	
Name:	
Phone number:	Email address:
Relationship:	Years known:
Professional Reference	
A current manager or supervisor. 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.	
Name:	
Phone number:	Email address:
Relationship:	Years known:
Personal Reference	
A friend or roommate that has known you for at least 1 year.	
Name:	
Phone number:	Email address:
Relationship:	Years known:
Youth Serving Organization	
Have you worked for or volunteered with an organization where you worked <u>directly</u> with youth within the past 5 years? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> 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:	

VOLUNTEER AGREEMENT**PLEASE READ AND INITIAL EACH SECTION**

Mission: The YMCA of Snohomish County promotes the values of caring, honesty, respect, and responsibility through programs that build strong kids, strong families, and strong communities. 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 both of these mission statements.

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 YMCA/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 the YMCA/BBBS and understand that my services are donated to the YMCA/BBBS without contemplation of compensation. The YMCA/BBBS does not provide insurance or related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, liability, or other coverage.

Initial: _____

Media Consent: I give permission for the YMCA/BBBS to use, without limitation or obligation, my image and voice, including photos and video, for publicity purposes to promote the YMCA/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 BBBSSC 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 Snohomish 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 YMCA/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 YMCA/BBBS activities. In addition, if applicable, I give permission for my dependents to participate in YMCA/BBBS activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA/BBBS allowing me, and if applicable, my spouse and my dependents to participate in YMCA/BBBS activities, I understand and expressly acknowledge that I release the YMCA/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 YMCA/BBBS activities whether on or off the YMCA's/BBBS' premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, 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 BBBSSC is not obligated to give reasons for noan-



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 Snohomish 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 Snohomish 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

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 (21+)

This is our signature program, where Bigs and Littles meet in the community 2-4 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 married couples are matched together with one Little Brother.

 School Based Kids Book Club (18+)

In Kids Book Club, struggling readers work in a group setting on literacy skills, including reading comprehension, discussion skills, and writing responses to age appropriate literature.

 Comcast Beyond School Walls

In our Beyond School Walls program, students take a bus to Comcast, and spend an hour every other week with their Bigs, who are Comcast employees, having lunch, learning about different careers, participating in group activities, or just talking.

 MentorU

This mentoring program partners with local high school students who communicate with their mentors weekly through online portals and meet up once a month in person at their high school.

General

1. **How did you hear about Big Brothers Big Sisters?**

2. **Have you previously been or applied to be a Big?** Yes No

If yes, when? _____ Where? _____

3. **Do you anticipate any significant life changes over the next year or had any in the past year?**

Yes No - If yes, please describe:

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

5. **What interests you about working with children?**

6. **BBBS of Snohomish 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

7. **Our office hours are Monday-Thursday, 9:30am-5:30pm 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?**

8. **FOR BIG SISTERS ONLY:** Little Brothers have the option of being matched with a Big Sister. Would you be okay being matched with a Little Brother if the opportunity arose? Yes No

9. **Are you uncomfortable supporting a Little who has experienced any of the following traumas?**

Alcohol addiction Drug addiction Physical abuse Sexual abuse Emotional abuse Homelessness
 Community violence Parental incarceration Death of a parent Neglect Comfortable with all

10. **Are you uncomfortable supporting a Little with a mental health diagnosis?**

Anxiety/panic disorder Oppositional Defiance Disorder Bipolar Disorder Depression Obsessive Compulsive Disorder Agoraphobia Schizophrenia PTSD Tourette Syndrome Comfortable with all

11. **Are you uncomfortable supporting a Little who has been diagnosed with a chronic illness?**

Chronic or acute asthma Cancer Diabetes HIV/AIDS Heart condition Comfortable with all

12. Are you uncomfortable supporting a Little with a developmental diagnosis? <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Dyslexia <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Epilepsy <input type="checkbox"/> Memory loss <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Paralysis/Mobility impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Comfortable with all		
13. Do you have any guns, ammunition, or other weapons in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Do you have a concealed weapon permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Do you speak any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, which one(s):		
16. 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:		
17. 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:
18. Is there anything else you'd like to tell us about yourself or any questions that you have?		
Criminal		
1. According to YMCA/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 YMCA/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 received mental health counseling within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the authorization for exchange of confidential information form.</i>		
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 YMCA/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 Snohomish County upon beginning your 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 currently enjoy or would like to explore.

Sports		S.T.E.M	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 projects <input type="checkbox"/> Crafts <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: _____	
1. Which do you enjoy more? <input type="checkbox"/> Watching activities <input type="checkbox"/> Doing activities <input type="checkbox"/> Both			
2. Do you <u>most</u> like to <input type="checkbox"/> participate in sports or <input type="checkbox"/> watch sports?			
3. Which do you enjoy more? <input type="checkbox"/> Being outdoors <input type="checkbox"/> Being indoors <input type="checkbox"/> Both			
4. Do you feel that you would be most successful with a Little who is: <input type="checkbox"/> talkative <input type="checkbox"/> quiet <input type="checkbox"/> either			
5. Are there any other interests or preferences that you would like us to consider? _____			

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION
Only complete if you have received mental health counseling within the past 5 years

PATIENT/VOLUNTEER INFORMATION

Name:

Home address:

City:

State:

Zip Code:

Date of Birth:

Cell phone:

Home Phone:

MENTAL HEALTH PROVIDER

Medical Facility:

Therapist/Counselor:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

VOLUNTEER ORGANIZATION

Organization: Big Brothers Big Sisters of Snohomish County

Address: 10520 19th Avenue SE, Suite B

City: Everett

State: WA

Zip Code: 98208

Phone: 425-252-2227

Fax: 425-259-2487

Email: knorman@bbbs-snoco.org

FOR THE PURPOSE OF:

- School
 Work
 Volunteer program
 Other:

INFORMATION TO BE DISCLOSED (check all that apply):

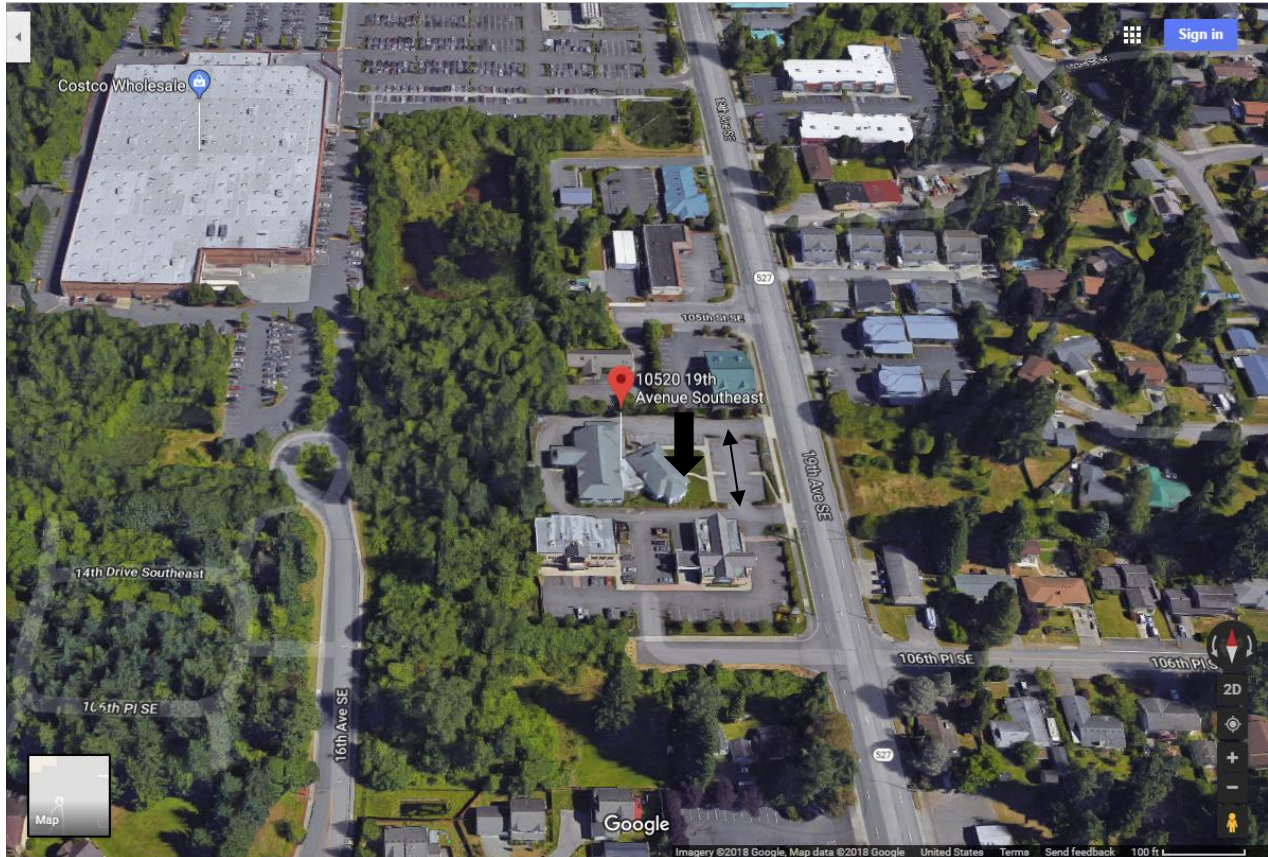
- History and physical
 Discharge and summary
 Behavioral health treatment records
 Lab reports
 Physical health treatment records
 Medication records
 Information on HIV or communicable disease treatment
 Drug and/or alcohol abuse
 Other (specify):

I authorize the release of my information to and from Big Brothers Big Sisters of Snohomish 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 Snohomish 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 Snohomish 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

10520 19th Avenue SE, Suite B

Everett, WA 98208

425-252-2227

From the North

Going South on I-5 take Exit 189 to WA-526 / WA-99 / Everett Mall Way / WA-527

Two right lanes exit at 189, stay in the one on the left toward WA-527

Follow the WA-527 ramp that curves right back over the freeway

Continue South on WA-527 / 19th Ave SE

Office is just past Costco on right side (inside the Coastal Community Bank building)

Please park in parking area closest to the main road & entrance is in the front of the building

From the South

Going North on I-5 take Exit 189 to WA-526 / WA-99 / Everett Mall Way / WA-527

Take a right on WA-527 / 19th Ave SE

Office is just past Costco on right side (inside the Coastal Community Bank building)

Please park in parking area closest to the main road & entrance is in the front of the building