



PLEASE ATTACH PERSONAL
PHOTOGRAPH HERE
(REQUIRED)

CONFIDENTIAL
BIG SISTER APPLICATION
(Please print or type)

NAME: _____ E-MAIL: _____

PHONE: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY AREA/NEIGHBORHOOD: _____
(Encanto, North County, South Bay, Downtown, etc.)

HOW LONG AT THIS ADDRESS? _____ IN S.D COUNTY? _____

BIRTHDATE: _____ MARITAL STATUS: _____

RELIGION: _____ RACE: _____

NAME YOUR PLACE
OF EMPLOYMENT: _____ POSITION: _____

PLEASE DESCRIBE YOUR DUTIES: _____

EMPLOYMENT ADDRESS: _____ DAYS AND HOURS WORKED? _____

WORK PHONE: _____ OK TO CALL AT WORK? _____

OK TO DISTRIBUTE: PERSONAL ADDRESS, PHONE (YES / NO)
AND WORK PHONE (YES / NO) TO OTHER BIG SISTERS?

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? (YES / NO) IF YES,
DATE: _____ PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE OR NEGLECT? (YES / NO) IF YES, PLEASE
EXPLAIN: _____

HAVE YOU EVER BEEN, OR
APPLIED TO BE A BIG SISTER: _____ IF YES, WHEN AND WHERE: _____

HOW DID YOU HEAR ABOUT BIG SISTER LEAGUE? _____

WHAT PROMPTED YOUR INTEREST IN THE BIG SISTER MENTOR PROGRAM? _____

LIST ANY PRESENT OR PAST VOLUNTEER WORK: _____

WHAT DO YOU FEEL YOU HAVE TO OFFER A LITTLE SISTER? _____

WHAT TYPES OF THINGS DO YOU THINK YOUNG PEOPLE TODAY NEED THE MOST HELP WITH?

WHAT DO YOU EXPECT TO GAIN FROM YOUR INVOLVEMENT WITH A LITTLE SISTER?

DESCRIBE YOUR PRINCIPLE LEISURE TIME ACTIVITIES: _____

WHAT ACTIVITIES WOULD YOU LIKE TO DO WITH A LITTLE SISTER? _____

WHAT IS YOUR ROOMMATE'S / SPOUSE'S / SIGNIFICANT OTHER'S REACTION REGARDING YOUR
INTENTION TO VOLUNTEER? _____

PLEASE DESCRIBE YOUR FORMAL EDUCATION: _____

LIST A 5 YEAR WORK HISTORY. (BEGINNING WITH YOUR MOST RECENT JOB, PLEASE INCLUDE DATES.)

DO YOU HONESTLY FEEL THAT WITH YOUR WORK / SCHOOL / SOCIAL SCHEDULE, THAT YOU CAN MAKE A COMMITMENT FOR ONE YEAR TO SPEND 3 TO 4 HOURS PER WEEK WITH A LITTLE SISTER? (PLEASE EXPLAIN)

DRIVERS LICENSE NUMBER: _____ STATE: _____

HAS YOUR LICENSE EVER BEEN REVOKED / SUSPENDED? (YES / NO)

IF YES, PLEASE EXPLAIN: _____

AUTO INSURANCE CARRIER: _____

ADDRESS: _____

DOES YOUR POLICY INCLUDE COVERAGE FOR: BODILY INJURY, PROPERTY DAMAGE, AND UNINSURED MOTORIST BODILY INJURY? (YES / NO)

HAVE YOU EVER HAD A POLICY CANCELED? (YES / NO)

IF YES, EXPLAIN: _____

ARE YOU INTERESTED IN BECOMING MORE INVOLVED WITH THE LEAGUE DOING:

Fundraising _____	Planning Events _____	Donations _____
Telephoning _____	Public Speaking _____	Newsletter _____

ANY SPECIAL SKILLS YOU ARE WILLING TO LEND THE BIG SISTER LEAGUE?

LANGUAGE (S) SPOKEN: _____

REFERENCES:

INCLUDE FIVE REFERENCES FROM INDIVIDUALS YOU HAVE KNOWN FOR ONE YEAR OR MORE.

- THREE OF THE FIVE REFERENCES ARE TO BE WRITTEN
- INCLUDE ONE FROM YOUR WORK SUPERVISOR
- ONE FROM THE OPPOSITE SEX
- AND NO MORE THAN ONE FROM A FAMILY MEMBER

WRITTEN REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
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1. _____

2. _____

3. _____

PHONE REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
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1. _____

2. _____

REGARDING A LITTLE SISTER, PLEASE INDICATE AGE GROUP YOU PREFER (6-9, 10-12, OR 13-15)

- HOW FAR ARE YOU WILLING TO DRIVE _____
- ANY RACIAL OR RELIGIOUS PREFERENCES YOU MAY HAVE.

ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUTHFUL, ACCURATE, AND COMPLETE.

I AUTHORIZE THE BIG SISTER LEAGUE, INC., TO SECURE INFORMATION FROM REFERENCES AND OTHER SOURCES IN ORDER TO EVALUATE MY POTENTIAL SERVICE AS A VOLUNTEER.

I UNDERSTAND THAT IF CHOSEN TO BE A BIG SISTER, I WILL BE COMMITTING MY SERVICES TO THE BIG SISTER / LITTLE SISTER MENTOR PROGRAM FOR ONE YEAR.

I ALSO UNDERSTAND THAT THE BIG SISTER LEAGUE, INC., IS UNDER NO OBLIGATION TO MATCH ANY VOLUNTEER TO ANY CHILD.

SIGNATURE: _____

DATE: _____

PLEASE MAIL COMPLETED APPLICATION TO: MENTOR PROGRAM DIRECTOR, BIG SISTER LEAGUE OF SAN DIEGO, INC. 115 REDWOOD ST., SAN DIEGO, CA 92103

IF YOU HAVE FURTHER QUESTIONS, PLEASE CALL THE BIG SISTER LEAGUE, INC., AT (619) 297-1135