



BIG FRIEND - LITTLE FRIEND, INC.
P.O. BOX 193 ELK POINT, SD 57025
VOLUNTEER APPLICATION



Name: _____

Address: _____

May we call you at work-if needed? Yes ___ NO ___

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Date of Birth: _____

Marital Status: _____ (optional) **Spouse's Name:** _____

BEST TME TO REACH YOU? _____

Church Preference: _____ (optional)

Do you have a valid driver's license? _____

Do you have a car or access to one? _____

How does your family feel about your participation in BF - LF?

What is your opinion regarding the abuse of alcohol or drugs?

Please list any clubs or organizations to which you belong:

Have you ever volunteered for a youth organization? _____
If yes, which ones?

What aged child would you prefer? (Check One)
 Age 5-7 Age 8-10 Age 11-13 Age 14-17 No Preference

How did you learn about BF - LF?

Why do you want to be a Big Friend?

What hobbies might you share with a Little Friend?

Any additional comments:

Personal References:

Please list four references whom we can contact. (ONE work reference and THREE non-family references who will be able to provide a personal profile of you.)

PLEASE NOTE: These references should have known you at least 1 year.

WORK REFERENCE:

Name of Supervisor/Employer _____
Company Name: _____
Company Address: _____
Phone Number: _____

PERSONAL REFERENCE:

Name: _____
Address: _____
Phone Number: _____ Email Address: _____
How do you know this person? _____
Length of time known? _____

PERSONAL REFERENCE:

Name: _____
Address: _____
Phone Number: _____ Email Address: _____
How do you know this person? _____
Length of time known? _____

PERSONAL REFERENCE:

Name: _____
Address: _____
Phone Number: _____ Email Address: _____
How do you know this person? _____
Length of time known? _____

COMMITMENT OF APPLICANT:

I fully understand that Big Friend - Little Friend, Inc. has certain regulations regarding conduct. If I am accepted into the program, I will, to the best of my ability, serve as an ethical role model for my Little Friend. I understand that my commitment is to contact my Little Friend on a weekly basis for one year, and at the end of one year, will continue as long as there is no reason for termination of the match. I understand that I will be temporarily suspended for reported criminal activity which, in the opinion of the Board of Directors, would be detrimental to the goals of the program. A conviction will result in my termination from the program. The information provided in this application, to the best of my knowledge, is accurate and true. I understand that the LF and their parent will have access to my file if requested.

SIGNATURE OF APPLICANT: _____

DATE: _____

Have you ever been arrested for any felony or violent crime?

Yes _____ No _____

Have you received treatment in the last five years for any drug or alcohol problem?

Yes _____ No _____

Have you ever been arrested for any alcohol violation?

Yes _____ No _____

Have you ever been arrested for any illegal drug or substance abuse violation?

Yes _____ No _____

Do you currently have a drug or substance abuse problem?

Yes _____ No _____

Have you ever been arrested for any firearms violation?

Yes _____ No _____

Are you now, or have you ever been, adjudged to be mentally ill or mentally incompetent?

Yes _____ No _____

If the answer to any of the above questions is YES, explain below with all applicable dates, locations and circumstances.

I certify that all of the above information is true and correct. I understand that any false statement

Applicant Signature

Date

Witness Signature

Date

If you have lived in the State of Minnesota, this document will need to be notarized before submission.

Notary (MN only):
