



Big Brothers Big Sisters School Buddies Volunteer Application

Full Name _____ Date _____

Gender _____ Race _____ Birthdate _____

Permanent Address _____

City _____ State _____ Zip Code _____

If less than 2 years please list previous address: _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Email _____

Job title _____ Employer _____

Can you be contacted at work? _____ Business Hours _____ Supervisor _____

Length of Employment: _____

Education Completed: High School College Other (explain)

Why do you want to become a School Buddy? _____

Can you meet with a child once a week during the school year? _____

See Page 2 for References.



References: List the names, addresses and phone numbers of the three references that have known you for more than one year. **Please include references that have seen you interact with children.**

1. _____
Name (Family Member or Family Friend)

Home Phone Number Work Phone Number

2. _____
Name (Friend)

Home Phone Number Work Phone Number

3. _____
Name (Employer/Supervisor)

Home Phone Number Work Phone Number

Mentor Agreement

As a volunteer for the School Buddies program, I agree to the following:

- To be on time for scheduled meetings.
- To notify the agency or school office if I am unable to keep my weekly meetings.
- To engage in the relationship with an open mind.
- To keep discussions with my Little Buddy confidential.
- To ask for assistance if I need help with my Little Buddy from school and BBBS staff.
- To notify the agency of changes in my personal information.
- To see my Little Buddy at school only.

Signature

Youth Service Bureau Big Brothers Big Sisters of LaPorte County
906 Michigan Avenue
LaPorte, Indiana 46350
219-362-9587
Fax 219-324-5024
www.youthservicebureau.com

SCHOOL-BASED VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

1. What is your marital status?
 Single Married Divorced Domestic Partner Widow(er)

2. Would you describe yourself as a person who enjoys:
 Watching events or activities Actively participating in activities Both

3. What is the highest level of education you have attained in years? _____

4. Name of current employer or school (if student): _____
Address: _____

5. Do you have transportation available to your selected site? Yes No

6. In identifying a youth for you to work with, are there any special considerations you want us to know about?
 No Yes (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?
 No Yes (If yes, we will have you discuss during the in-person interview)

8. Have you ever been charged, arrested or convicted of a crime?
 No Yes (If yes, we will have you discuss during the in-person interview)

9. How long have you lived in this area? _____

10. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so please explain.
 No Yes (If yes, we will have you discuss during the in-person interview)

11. Do you speak any foreign languages? Yes _____ No



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R4 / 1-11) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* PLEASE NOTE: If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

| | | | | | |
|--|--|--|---|--|---|
| 1. Legal first name of applicant | | Legal middle name of applicant (if none, indicate "no middle") | | Last name of applicant | |
| 2. Reason for history check (check all that apply) * | | | | | |
| <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____ | | | | | |
| 3. Type of requesting organization | | | | | |
| <input type="checkbox"/> Agency licensed / contracting with Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> State Social Service Agency, other than Indiana (insert name of state) _____ <input checked="" type="checkbox"/> Other (insert name of company / requestor) Youth Service Bureau Big Brothers Big Sisters of La Porte County, Inc. | | | | | |
| 4. Name of contact person for organization Stephanie Fleshman | | | 5. Telephone number (include area code) (219) 362-9587 ext.107 | | 6. Fax number (include area code) (219) 324-5024 |
| 7. Mailing address of organization (number and street, city, state, and ZIP code) 906 Michigan Avenue, La Porte, IN 46350 | | | | 8. E-mail address of requestor schoolbuddies@csinet.net | |

SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.

| | | | | | | | |
|---|--|-------------------------------|---|---|--|--|------------|
| 9. Signature of applicant or applicant's legal representative | | 10. Relationship to applicant | | 11. Date signed (mm/dd/yyyy) | | 12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 13. Typed or printed name of applicant or applicant's legal representative (as signed above) | | | 14. Date of birth of applicant (mm/dd/yyyy) | | 15. Race of applicant | | |
| 16. Current residential address of applicant (number and street, city, state, and ZIP code) | | | | | 17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX- | | |
| 18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary). | | | | | | | |
| County | | Year Began | Year Ended | County | | Year Began | Year Ended |
| XYZ County | | 02/1992 | Current | 18a. | | | |
| 18b. | | | | 18c. | | | |
| 18d. | | | | 18e. | | | |
| 19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete 19a through 19e. If no, please stop.</i> | | | | | | | |
| <i>Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.</i> | | | | | | | |
| 19a. Maiden name (if ever married) | | | | 19b. Other last name(s) | | | |
| 19c. Nickname or shortened first name | | | | 19d. Pre-adoptive name or other alias name / how used | | | |
| 19e. Other alias name / how used | | | | | | | |

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)

| | | | | | |
|--|--|---|--|-----------------------|--|
| 20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer | | If yes, was there ever any negative action taken on the foster care application or license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective. | | | | | |
| 21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 22. * The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below. <input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law. | | | | | |
| 23. Signature of staff member completing check | | 24. Title of staff member completing check | | 25. Date (mm/dd/yyyy) | |
| 26. Printed name of staff member completing check | | 27. Indiana Department of Child Service office completing check County Local Office / Central Office Background Check Unit | | | |



APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R3 / 1-11)
DEPARTMENT OF CHILD SERVICES

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

- INSTRUCTIONS:**
- Sections 1 and 2 to be completed by the Department of Child Services (DCS) family case manager or residential facility, licensed child placing agency (LCPA) personnel, or employer.
 - Sections 3 through 5 to be completed by the subject of the background check.
 - All fields are mandatory and must be completed.

SECTION 1 – REQUESTING AGENCY INFORMATION

| | | |
|--|---------------------------------------|---|
| Name of local office or requesting agency Youth Service Bureau Big Brothers Big Sisters of La Porte County, Inc. | | Date (month, day, year) |
| Address (number and street, city, state, and ZIP code) 906 Michigan Avenue, La Porte, IN 46350 | | |
| Name of staff member completing this form Stephanie Fleshman | | |
| Telephone number (219) 362-9587 x107 | Fax number (219) 324-5024 | E-mail address schoolbuddies@csinet.net |

SECTION 2 – REASON FOR BACKGROUND CHECK (check appropriate box)

| | | | | | |
|----------------------------|---|---|--|--|--|
| 1. DCS related placements: | <input type="checkbox"/> a. Emergency placement | <input type="checkbox"/> b. Non-emergency placement | <input type="checkbox"/> 2. Foster family home licensing | <input type="checkbox"/> 3. Adoption | |
| 4. Employment: | <input type="checkbox"/> Group home | <input type="checkbox"/> Residential facility | <input type="checkbox"/> LCPA | <input type="checkbox"/> 5. Contractor | <input checked="" type="checkbox"/> 6. Volunteer / unpaid intern |

SECTION 3 – SUBJECT OF THE BACKGROUND CHECK

| | | | |
|--|--------------------------|---|------|
| Full legal name (first, middle, last) | | | |
| Previous names (maiden, alias, previous married, pre-adoptive, nicknames) | | | |
| Date of birth (month, day, year) | Social Security Number * | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Race |
| Current address (number and street, city, state, and ZIP code) | | | |
| Home telephone number () | Cellular number () | E-mail address | |
| List all counties / states resided in for past five (5) years, with dates of residence | | | |
| | | | |
| | | | |

Are you 14 – 17 years of age? Yes No *If yes, fingerprints are not required.*

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

- Have you been convicted of a felony or misdemeanor relating to the health and safety of children? Yes No
- Have you been charged with a felony or misdemeanor relating to the health and safety of children while your licensing application was pending? Yes No

SECTION 4 – TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for ninety (90) days from the date of this application. I also affirm, under the penalties of perjury, that the information in Section 3 is true and correct.

| | | |
|--|--------------|--|
| Signature | Printed name | Date of application (month, day, year) |
| Signature of parent, if under eighteen (18) years of age | Printed name | Date of application (month, day, year) |

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found, to the person listed in Section 1 above.

A search by _____ revealed that there WAS (records attached) WAS NOT a record found.
(name of law enforcement agency)

| | |
|---|-------------------------|
| Signature of person completing check | Date (month, day, year) |
| Printed name of person completing check | Title |