



BIG BROTHERS BIG SISTERS OF SOUTHWEST COLORADO

(72 Suttle Street, Unit I)
P.O. Box 2154
Durango, Colorado 81302

(970) 247-3720
Fax (970) 385-8491
www.bbig.org

BIG BROTHER BIG SISTER APPLICATION

General Information Please print (in ink) or type. All information is confidential. Today's Date: _____

Name: _____ Birth date: _____ Race/Tribal Affiliation: _____

Social Security Number: _____ Gender: _____ State/DL#: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Is it okay to call there? _____ E-mail: _____

Have you lived in La Plata or Archuleta County for at least the past 6 months? _____

Do you plan to stay in La Plata or Archuleta County for at least the next 18 months? _____

Home Address: _____

Street City State Zip County

Mailing Address: (if different than above) _____

Street City State Zip

References

Please list at least four persons who can vouch for your reputation, character and morals only one of which may be a relative.

- **Personal Reference** who has known you for at least **THREE** years.
- **Professional Reference** - Supervisor or teacher who has known you for at least **ONE** year
- **Personal or Professional Reference**- prefer someone who has witnessed your interaction with children and has known you for at least **ONE** year.

All information will be treated confidentially and will not be shared.

	<u>Name</u>	<u>Email Address *</u>	<u>State</u>	<u>Phone # (incl area code)</u>
1				
2				
3				
4				

* We will not solicit with any email addresses; this is for purposes of reference check only.

Legal Record Please list any arrests, convictions, and recent traffic violations. If you live with your partner or spouse we require them to submit a background check release (second page).

Arrest/Violation Date	Charge	Disposition/Result

Statement of Understanding

If I am accepted as a Big Brother or Big Sister, I understand my obligation to meet with my Little Brother or Little Sister regularly and to accept the supervision of the BBBS staff. I authorize BBBS to run a national background check.

Signature of Applicant: _____

Date: _____





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AUTHORIZATION TO RUN BACKGROUND CHECK ON LIVE-IN PARTNER

DATE: _____

FROM: CHRISTY SCHAERER, EXECUTIVE DIRECTOR
BIG BROTHERS BIG SISTERS OF SOUTHWEST COLORADO

The information provided may be used to conduct a background check, to include driving records, criminal background, and other records as necessary for all BBBS volunteer live-in partner.

Name: _____ Birth date: _____

Home Address: _____

Street City State Zip County

Social Security Number: _____

State/DL#: _____ Gender: _____

Have you lived in La Plata or Archuleta County for at least the past 6 months? _____

If not, what was your previous address and county?

Street City State Zip County

