



Big Brothers Big Sisters
of Oklahoma

VOLUNTEER ENROLLMENT FORM

Please indicate which program you are applying:

Community Based Program: Big Brother Big Sister Couples Match

School Based Program: Big Brother Big Sister

GENERAL INFORMATION: *Please PRINT (in ink) or type. All information is confidential.*

First Name:		Middle/Maiden Name:		Last Name:		Date of Birth:	
Current Address:		City:		County:		State:	Zip:
Email:		Home #:		Work #:		Cell #:	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security #:		Marital Status:		Ethnicity:	
Employer:		Address:		City:		State:	Zip:
Occupation:		How did you hear about us?		Highest Level of Education:			
Can you be contacted at Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:		How Long Employed:			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state of issue and #		Expiration date:			
<i>For Couples Only:</i> Spouse Name:	Birth date:		Ethnicity:		Social Security #:		
Home #:		Work #:		Cell #:			

References: *Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a spouse/ domestic partner or family member or a second friend who has known you for at least 3 years.*

1. Employer's Name (If no employer or if student, provide additional friend or professor):			Supervisor's Name:		
Address:		City:		State:	Zip:
Home #:		Work #:		Email:	
2. Coworker or Friend -known for at least 2 years:					
Address:		City:		State:	Zip:
Home #:		Work #:		Email:	
3. Spouse/Domestic Partner or Family Member or Friend (if a college student can use a parent-known at least three years:					
Address:		City:		State:	Zip:
Home #:		Work #:		Email:	

The undersigned authorizes Big Brothers Big Sisters of Oklahoma to secure any information from their employment, law enforcement or any other sources the agency deems necessary to evaluate the undersigned's potential as a volunteer. All records and information gathered are the property of Big Brothers Big Sisters of Oklahoma. Applicants will not have access to such information except as authorized by agency policy and procedure. At the time a volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such information as: age, sex, race, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. If you are matched in the Community-Based program, proof of auto insurance will be requested.

Applicant Signature

Date

Applicant Signature (Couples only)

Date