



Big Brothers Big Sisters
of the Coulee Region
1707 Main St., La Crosse, WI 54601
608-782-2227



Big Brothers Big Sisters
of Greater Winona
158 Main St., Winona MN 55987
507-452-2227



Big Brothers Big Sisters
of Trempealeau County
PO Box 355, Whitehall, WI 54773
715-538-4945

VOLUNTEER PRE-ENROLLMENT

First Name:		Middle Name:		Last Name:		Date of Birth:	
Maiden Name or Any Alias							
Home Address:			City:		County:		State:
Zip:	Email:		Home Ph #:		Work Ph. #:		Cell Ph. #:
Male Female		Social Security #:		Employer:			
Address:			City:			State:	Zip:
Occupation:				Race:			
Can We Contact You At Work: ____ Yes ____ No			Work Hours:		How Long Employed:		
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.							
Do you have a driver's license? ____ Yes ____ No			If yes, state of issue and #			Expiration date:	

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 year; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):			Supervisor's Name (or teacher if a student):				
Address:			City:		State:		Zip:
Day Phone #:		Evening/Cell #:			Email:		
2. Coworker or Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Evening/Cell #:			Email:		
3. Spouse/Domestic Partner/Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Evening/Cell #:			Email:		

Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No					Where and When:		
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(Continued on reverse side)

Please list the last two experiences you've had [**in the last 3 years**] working with children. These may be paid or volunteer positions.

1. Program or Company Name:		Supervisor's Name:		
Address:		City:	State:	Zip:
Dates: From _____ to _____		Phone:	Email:	
1. Program or Company Name:		Supervisor's Name:		
Address:		City:	State:	Zip:
Dates: From _____ to _____		Phone:	Email:	

Please list all other states **and** counties you have resided in for the past 10 years

Dates	State	County	City	Street Address

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) Big Brothers Big Sisters is not obligated to match me with a youth; and,
- 5) As part of our enrollment processes, Big Brothers Big Sisters will be asking me to provide additional personal information prior to making any recommendations for assignment.

Signature

Date

