Big Brothers Big Sisters of Grinnell VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit your completed application via mail to: Big Brothers Big Sisters, 210 8th Ave, Grinnell, IA 50112 or email to: BBBSGrinnell@gmail.com. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

GENERAL INFORMATION Full Name (First, Middle,
Last):Oleksandr, Redin, Yardas
Preferred Name: Olek Home Phone
#:None
Cell #: 571-205-2925 Is it okay to text you? XYesNo
Email: yardasol@grinnell.edu Home
address: 3726 Jocelyn St NW
How do you prefer to be contacted?Home PhoneCell Phone X_EmailText
Social Security Number: (Please bring to interview if submitting online)
Gender: Male Marital Status: Single If applicable, maiden
name:
Date of
Birth: 08/11/1998 Occupation: Student
How long employed?Work
Hours:
Highest Level of Education:High SchoolSome CollegeCollege $ imes$ Post Graduate
College attended Grinnell Area of Study Biochemistry and Physics Currently a student?
X YesNo
If yes, year in schoolFirst YearBox #4630Year of gradua-
tion
Do you have current or past military experience?Yes_X_No Dates of Ser- vice
Do you have a current and valid driver's license? XYesNo Current Mode of Transporta-
tion_Bicycle, feet, or ride hitching
If yes, state of issue and #Expiration
date08/11/2023
Do you have valid insurance that meets state required minimum?YesNo
Have you previously applied to be or served as a Big Brother/Sister?Yes_X_No
If yes, when and where?
Have you ever been involved with Big Brother Big Sisters in a capacity other than a Big?YesNo
If yes, when and where?
Have you ever been involved with or volunteered for another youth organization? Yes X No

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If yes, which organization, when and where?

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Have you ever been denied acce	eptance or released from	n service as a volunteer or employee for anothe
Big Brothers Big Sisters program	or youth serving organiz	zation?YesX_No
Do you have any concerns about	your ability to fulfill the	e 1 year commitment required of mentors?
Yes_X_No		
Have you ever been accused, are	rested, charged or convi	icted of a crime?Yes_ <u>×</u> No
Are there any other people livin	g in your household/doc	ile? Provide name, age, relationship to you.
Name: Nicolas Yardas	Age: 20	Relationship: Brother
Name: Sophie Yardas	Age: 16	Relationship: Sister
Name: David Yardas	Age: ₆₀	Relationship: Father
Name: Suzannah Yardas	Age: 52	Relationship: Mother
Name: Ayyad Jacob	Age: 18	Relationship: Roommate
years: Nevada County, CA	-	n aside from your current address in the past 1 Washington DC
REFERENCE INFORMATION		
Please list information for at least 1. Your spouse or domes boyfriend) OR a family nother. 2. Current or former emyou have known for at least 1.	stic partner (i.e. if you li nember, if you do not ha nployer, co-worker, or if y	ve with a significant other/girlfriend/ ave a spouse, partner, or significant you are a student, someone from your school
Reference #1 Spouse/Partner/F	Family Member	
Name: Wells Dwiggins- Thoma	ason	
Address: 3413 Prospect St.	NWCity	Washington State DC Zip 20007
Day Phone #:	Cell #: <u>703-919-64</u>	<u> </u>
Reference #2 Employer/Co-wor	rker (Current or past) o	or School Personnel (if student)
Name: Nicolas Yardas		
	•	Washington State DC Zip 20015
Day Phone #:	Cell #: 530-414-1106	Email: nicoy96@gmail.com

Big Brothers Big Sisters of Grinnell VOLUNTEER APPLICATION Reference #3 Friend/Neighbor/Personal Reference

Name:	Jarrett Arnold				
Address:			City	State	eZip
Day Phone #:		Cell #:_	541-870-6804	Email:	jarretta@fieldschool.org
serving organizat		have wo			erences from all youth st 5 years. Please list
1. Organization					
Name:					
employment:					
Contact Information	on for Supervisor (a	ddress, e	mail, and/or phor	ne	
#):					
					
 Responsibilities/Po	osition				
held:					
Reason for					
leaving:					
2. Organization					
Name:					
Supervisor:			Date of involvement	ent/	
employment:					
Contact Information	on for Supervisor (a	ddress, e	mail, and/or phor	ne	
#):					
—— Responsibilities/Po	osition				
held:					
Reason for					
leaving:					
3. Organization					
Name:					
• •	on for Supervisor (a		mail, and/or phor	ne	
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held:______
Reason for leaving:_____

I consent to and understand that:

Responsibilities/Position

- 1. The references and youth serving organization I listed may be contacted by mail, phone, email, or in-person;
- 2. The information I provided may be used to conduct a background check, to include a search of public domain record, driving records check, juvenile and adult criminal history check (see attached authorization), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3. I am in no way obligated to perform any volunteer services;
- 4. The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5. Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6. As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 7. I understand that the information I provide in the enrollment process will be kept confidential unless disclosure is required by law and with exceptions noted below;
- 8. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9. I understand that certain relevant information about me will be discussed with parent/guardian of a child who is a prospective match (the might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being);
- 10. It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (i.e. address, phone number, auto-insurance, new criminal charges, etc.);
- 11. I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

I understand that as a Big Brother/Sister, I am a role model and responsible to project a positive public image. At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform Big Brothers Big Sisters of any and all infractions, violations, charges, and convictions related to any civil, domestic, or criminal occurrences. I understand that Big Brothers Big Sisters staff needs to be fully informed to provide the best guidance or support possible.

Signature	Oleksandr R Yardas	Date	09/15/2016
שומועוב	Oleksanur hi taruas	vale	09/13/2010