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22001 Fairmount Boulevard Shaker Heights, Ohio 44118

## Make a **BIG** impact! Statistics show that mentoring works!

According to a study conducted by Public/Private Ventures, a national research firm with over 28 years of experience, Little Brothers and Little Sisters are:

- 46 percent less likely to begin using illegal drugs
- 27 percent less likely to begin using alcohol
- 52 percent less likely to skip school
- 37 percent less likely to skip a class
- 33 percent less likely to hit someone
- More confident of their performance in schoolwork
- Getting along better with their families

**JBBBSA Vision:** All children achieve success in life.

**JBBBSA Mission:** Provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.

**Accountability Statement:** JBBBSA partners with parents/guardians, volunteers, and others in the community and holds ourselves accountable for each child in our program achieving:

- Higher aspirations, greater confidence, and better relationships
- Avoidance of risky behaviors
- Educational success

Contact Us:  
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JBBBSA  
22001 Fairmount Blvd.  
Shaker Hts. Ohio 44118

Website [WWW.JBBBSA.ORG](http://WWW.JBBBSA.ORG)



Jewish  
**Big Brother Big Sister**  
 Association

*of Bellefaire JCB*

22001 Fairmount Boulevard, Shaker Heights, Ohio 44118  
 Phone: (216) 320-8423 Website: [www.jbbbsa.org](http://www.jbbbsa.org)

**VOLUNTEER INFORMATION**

**Big Brother Big Sister One-to-One Mentor Requirements:** Minimum one year commitment; must be 21 years or older to apply, participation subject to background check and motor vehicle report.

*Please complete the following information. If you have any questions, feel free to contact JBBBSA.*

Name: (circle one) Mr. /Ms./Mrs./Dr. \_\_\_\_\_

Date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Marital status: \_\_\_\_\_ Religion: \_\_\_\_\_ Race: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

*Education:*

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_ Extra Curricular Activities \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_ Extra Curricular Activities \_\_\_\_\_

Post Graduate/Other: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_ Extra Curricular Activities \_\_\_\_\_

*Driving: (Volunteers must have access to a car, current driver's license, current car insurance and no more than 4 points on driver's license.)*

Driver's License Number: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

## REFERENCES

Be sure to include all contact information relevant to each reference. JBBBSA requires a reference from a work colleague or school associate, a personal reference, a family member or significant other, and any youth-serving organization you have been involved with in the last 5 years. Please contact your work/school and personal reference to ask them to log onto our website at [www.jbbbsa.org](http://www.jbbbsa.org) and click on the reference link to complete a reference form online. We will directly contact the family member/significant other and youth-serving organizations via phone.

1. Work or School

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Personal

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Family Member or Significant Other

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Relationship: \_\_\_\_\_

**All organizations where you worked with children within the last 5 years. Include the name of the organization, contact person and phone number. We will contact all organizations.**

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. In connection with this volunteer application, I hereby understand and authorize investigative background inquiries may be made on me including consumer, criminal, driving and other reports. These reports will include information as to my general reputation, character, work habits, performance and experiences along with reasons for termination of past employment from previous employers. Further, I understand that Bellefaire JCB will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my references, driving record, criminal and court records, education, concerns associated with the global terrorist watch list, and other experiences. I authorize, without reservation, any party or agency contracted by Bellefaire JCB to furnish the above-mentioned information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination if I am accepted as a Big Brother / Big Sister, whenever it may be discovered.

If I am accepted, I understand that I am required to abide by all rules and regulations of The Jewish Big Brother Big Sister Association and Bellefaire Jewish Children's Bureau

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Signature of Applicant

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(Date)



In our own lives, each one of us was touched by someone - other than our parents - who introduced us to new worlds and brought a little *magic* into our lives. By becoming a Big Brother or Big Sister, you can do the same for a child. And you will *both* be forever changed by the experience.

**Please return your application to JBBBSA:**

Email: [lippa@bellefairejcb.org](mailto:lippa@bellefairejcb.org)

Or by mail:

JBBBSA

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Shaker Heights, OH 44118