



CONFIDENTIAL BIG SISTER APPLICATION

(please print or type)

Name: _____ Date of Birth _____ Marital Status _____

E-mail Address: _____ Primary Phone #: _____ Neighborhood in San Diego: _____

Home Address: _____ City, State, Zip _____

How long at this address? _____ How long do you plan on staying in San Diego? _____

Place of Employment: _____ Position: _____

Describe your duties: _____

Days/Hours Worked _____ Work Phone #: _____ OK to call?
YES
NO

Drivers License #: _____ State: _____ Expiration Date: _____ Auto Insurance Carrier: _____

Does your policy include coverage for bodily injury, property damage, and uninsured motorist bodily injury? Please explain.

Have you ever been arrested or convicted of a crime?

YES
NO

Have you ever been investigated for child abuse or neglect?

YES
NO

Have you ever been or applied to be a Big Sister?

YES
NO

Have you ever had your drivers license suspended?

YES
NO

If YES to any of the above, please explain:

Ethnicity

Religion:

Language(s) spoken:

Highest Level of Education:

Are you currently attending school?

If YES, where and what are you studying?

YES
NO

List any present or past volunteer work:

List any memberships with professional organization (ie Bar Associations, Rotary, etc.):

List a 5-year work history (beginning with most recent, please include dates):

Do you anticipate any major life changes?

If YES, please explain

YES
NO

Considering your school/work/social schedule, do you honestly feel that you can make a 1-year commitment to a Little Sister to see her twice a month? Please explain.

What prompted your interest in the mentor program?

What could you offer to a Little Sister?

What types of things do you think young people today need most help with?

What do you hope to gain from a relationship with a Little Sister?

What is your roommate/partner's reaction to your hopes of becoming a Big Sister?

What do you do in your free time?

What activities would you enjoy doing with a Little Sister?

What challenges do you anticipate to encounter as a Big Sister (ie lack of outing ideas, communication barriers, etc.)?

How would you describe a successful Big Sister and Little Sister match?

Are you experiencing any physical or mental issues? Please explain.

Is there anything else about yourself that we didn't get a chance to discuss and that you'd like to share now?

MATCH CRITERIA:

What age group (between 6-17) would you prefer?

How far are you willing to drive to see your Little Sister?

Any other preference you may have (ethnicity, activities, religion, etc.)?

REFERENCES:

Please submit 3 written references from individuals you have known for 1 year or more. **Each reference must include how they know you, how long they've known you and why you would make a good Big Sister for Girls Rising.**

1. Name, relationship, phone number

2. Name, relationship, phone number

3. Name, relationship, phone number

All the information provided in this application is truthful, accurate and complete. I authorize Girls Rising to secure information from references and other sources in order to evaluate my potential service as a volunteer. I understand that if chosen to be a Big Sister, I will commit my services to Girls Rising for one year. I also understand that Girls Rising is under no obligation to match any volunteer to any child.

Signature: _____ Date: _____



(Original use only)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AG828
ORI (Code assigned by DOJ)

Big Sister League
Authorized Applicant Type

Volunteer Mentor
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Girls Rising San Diego
Agency Authorized to Receive Criminal Record Information

18033
Mail Code (five-digit code assigned by DOJ)

PO Box 161218
Street Address or P.O. Box

DNA
Contact Name (mandatory for all school submissions)

San Diego CA 92176
City State ZIP Code

DNA
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number DNA
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number DNA
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: DNA
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

DNA
Original ATI Number

~~Employer (Additional response for agencies specified by statute):~~

~~Employer Name~~

~~Mail Code (five digit code assigned by DOJ)~~

~~Street Address or P.O. Box~~

~~City State ZIP Code~~

~~Telephone Number (optional)~~

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed