

Greetings, Potential Big Brother or Big Sister:

Thank you so much for considering volunteering with Big Brothers Big Sisters of Westchester County as a one-to one mentor for an at-risk child in Westchester or Putnam County, NY. Our application process is lengthy, but it's designed to yield the safest, most rewarding possible mentoring match between you and your potential Little Brother or Little Sister.

Our Bigs routinely share with us how worthwhile they found the process, but we understand that it's a time commitment and we want to thank you in advance for your patience and dedication in seeing it through. On behalf of all the children who are eagerly waiting for your friendship, your guidance, and your support, let's get started!

There are six (6) different components to the application:

1. Volunteer Application
2. Volunteer Background Investigation Consent Form
3. Statewide Central Register Database Check
4. Model Release Form for Photographs and Video
5. BBBSA Photo/Print Consent and Release Form
6. Procedure to Schedule IdentoGo Fingerprinting

Please complete each of these six (6) forms as accurately as possible within (3) weeks of the date you receive them, including getting fingerprinted. Your application will only be processed once we receive all six (6) documents, including your fingerprints.

Thank you so much,



Valerie A. Brown  
Executive Director  
Big Brothers Big Sisters of Westchester County, Inc.

## Quick Facts for Our Potential Big Brothers & Big Sisters

### What type of mentoring program is Big Brothers Big Sisters (BBBS)?

Our community-based program involves matching adult volunteers with Westchester or Putnam County youth between the ages of 7-17.

- We interview and match our Mentors (Bigs) based on similar interests between them and potential Mentees (Littles). Once matched, our Bigs serve as positive role models and friends to their Littles.
- We ask our Bigs to commit to meeting their Littles a minimum of 4-6 hours per month for at least one year.
- Our Bigs and Littles work together on the Littles' personal, academic and career exploration goals.

### What is the process to become a Big Brother or Big Sister?

In addition to completing an application and in-person interview, a potential Big must also provide three personal references and a valid driver's license with proof of auto insurance.

During potential Bigs' interviews, they received a detailed program orientation.

### How are mentoring matches between Bigs and Littles made and sustained?

After reviewing the application and conducting individual interviews with a prospective Big, Little, and the Little's parent/guardian/caregiver, BBBS matches a Little with a Big based on their individual profiles, their family/cultural backgrounds, and/or their personal interests and preferences.

Bigs, Littles, and parents/guardians/caregivers receive continuous support throughout the match from our Mentor Managers, who are all highly trained and experienced social workers. Our staff communicates with Littles, their parents/guardians/caregivers, and Bigs monthly for the first year, and quarterly thereafter.

If or when a match is terminated, our Mentor Managers work with Bigs, Littles, and parents/guardians/caregivers through a formal process to ensure that the match ends in a positive manner.

### What kinds of activities do Big and Little matches participate in?

Depending on the age, needs, and interests of the Little, match activities range from social/cultural events such as museums, concerts, and plays, to academic support such as homework help, school projects, and library trips, to physical activities such as playing sports, going to the park, and hiking. Our program encourages free and inexpensive activities because we believe that successful mentoring is about the quality of the time matches spend together, not the cost of the activity.



In fact, one of our Bigs' primary roles is to expose their Littles to positive, new, and safe experiences that they would not have been able to participate in otherwise.

**What our current Littles say:**

Our impact on education is confirmed by those closest to it: our Littles. In a landmark 2009 survey of our Bigs and Littles nationwide, Big Brothers Big Sisters of America found that:

- 97% of Littles said working hard in school is very important
- 95% of Littles said going to school and getting a good education is very important
- 94% of Littles said graduating from college is very important

**What our Alumni Littles say:**

Littles feel the impact of their Mentors long after they graduate from high school. In 2009, Harris Interactive conducted an online survey of alumni Littles across the nation. Among those former Littles:

- 77% reported doing better in school because of their Big
- 65% agreed their Big helped them reach a higher level of education than they had previously thought possible
- 52% agreed their Big kept them from dropping out of high school

**For additional information or questions, please contact one of these BBBS staff members:**

<b>Rikki Dee Childs, Assistant Director</b> 914-305-6849 rchilds@bbbswp.org	<b>Denise Austin, Outreach &amp; Administrative Manager</b> 914-937-3779 daustin@bbbswp.org
<b>Terrence McCabe, Program Manager</b> 914-305-6861 tmccabe@bbbswp.org	<b>Krenare Celaj, Program Manager</b> 914-305-6845 kcelaj@bbbswp.org

# VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer mentor. Please submit completed application via email to [rchilds@bbbswp.org](mailto:rchilds@bbbswp.org) or hand deliver or mail to 10 Midland Avenue, Suite 203, Port Chester, NY 10573.

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (*if not used as your government-issued photo ID*), and proof of auto-insurance, if you plan to transport a child within the community-based program. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, gender identity, religion or national origin.

## GENERAL INFORMATION

First Name:		Middle Name:		Last Name:	
Personal Pronouns: Examples include: she/her, he/him, they/them, xe/xem, ve/ver			Preferred Name:		
Home Phone #:	Work Phone #:	Cell Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone Provider:		
Home Address:		City:	County:	State:	Zip:
Personal E-mail:	Work E-mail:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)			
Social Security Number:		Gender/Gender Identity:		Marital Status:	
Date of Birth:				If applicable, maiden name:	
<p><b>Race/Ethnicity:</b></p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Write in _____ <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Write in _____					
Languages Spoken:		Tribal Affiliation:			
Nationality/Country of Origin:					
Occupation:			<b>Emergency Contact (Name &amp; Number):</b>		

# VOLUNTEER APPLICATION

Employer:	Length of Employment:	Work Hours:
Highest Level of Education:	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:	
Area of Study:	Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		Dates of Service:
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? Yes <input type="checkbox"/> No	
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		

***Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.***

Do you have a current and valid driver's license?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #:  Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Have you previously applied to be or served as a Big Brother or Big Sister with any agency in the past?  
 Yes  No  
If yes, when and where?
  
2. Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big?  
 Yes  No  
If yes, when and where?
  
3. Have you ever been involved with or volunteered for another youth organization?  
 Yes  No  
If yes, when and where?

# VOLUNTEER APPLICATION

4. Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or other youth-serving organization?

Yes  No

If yes, when and where?

5. Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission?  Yes  No

If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events for matches, Littles, waiting-list children, etc.
- Volunteering at agency fundraising events
- Inviting BBBS to speak at a company, church, organization, or other group of which I am a member

## REFERENCE INFORMATION

Please list information for **at least three** references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/partner) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year [or agency guidelines], or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

<b>Reference Name:</b>		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Reference Name:</b>		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Reference Name:</b>		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		

# VOLUNTEER APPLICATION

<b>Reference Name:</b>		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Reference Name:</b>		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
<b>Reference Name:</b>		Relationship to Applicant:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		

***In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.***

Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving:				
Organization name:		Direct supervisor:		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Dates of involvement/employment:				
Reason for leaving?				

# VOLUNTEER APPLICATION

Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			

## I CONSENT TO AND UNDERSTAND THAT:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, 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.
  - a. I understand that detailed accounts of child abuse or neglect, past or present, will be reported to proper authorities;
  - b. I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 8) 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.*).
- 9) **I agree to complete questionnaires throughout my time in the program to evaluate and improve program services;**
- 10) **I agree to timely communication and follow-up with all agency staff as required by the agency.**



# VOLUNTEER APPLICATION

## 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, accurate, 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 in 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.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges, and convictions related to any civil, domestic, or criminal matters. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

**Volunteer Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:***

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program. ***Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.***

Name: \_\_\_\_\_

1. Do you have any concerns about your ability to fulfill the commitment required of mentors (sustain a mentoring relationship by meeting 4-6 hours per month x 1 year)?

Yes  No

2. Do you anticipate any significant life changes over the next year or have you had any this past year?

Yes  No

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?

Yes  No

Please describe:

4. Have you had any driving citations and/or moving violations in the past five years?

Yes  No

Please describe:

5. Do you have guns, ammunition, or other weapons in your house?

Yes  No

Please describe:

6. What languages do you speak fluently?

7. Please list any counties and states that you have lived in aside from your current address in the past five years.

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8. Please provide the name, age, and relationship to you for anyone else residing in your home.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

I have answered these questions honestly and completely to the best of my knowledge.

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## CONSENT AND RELEASE FORM

I, \_\_\_\_\_, irrevocably consent to any and all uses and displays of my name, image, likeness, appearance, basic biographical information, audio/video recordings, writings, artwork, and the like, in original form or in modified form, in whole or in part, in, on, or in connection with merchandise, advertising, publicity, marketing, fundraising, and the like, in printed or electronic media, of any type, throughout the world at any time by Big Brothers Big Sisters of America and **BBBS of FSW** in their sole discretion, and by any of their affiliates, successors, partners, sponsors, donors, any entities or persons with whom they conduct any public relations, marketing, or fund raising of any type, and any other authorized third parties, without further consent from me, without any royalty, payment, or other compensation to me, and with the release and waiver of any claims, actions, damages, losses, costs, expenses and liability of any kind arising from any such use (the “Released Material”).

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I further understand that BBBSA may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSA my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA’s and/or its affiliates’ editing, alteration or use of the Released Materials. BBBSA has no obligation to use the Released

# VOLUNTEER APPLICATION

Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSA's exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

***I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: STATE: ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATEWIDE CENTRAL REGISTER DATABASE CHECK**  
*Agency Use Only*

<b>SCR USE ONLY</b>
REQUEST I.D.:

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code): (    )    -
<b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:</b>			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form  <b>FOR ALL CATEGORIES:</b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  <i>(see reverse side for instructions) Attach additional page if necessary.</i>	
AGENCY NAME:				
AGENCY LIAISON:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA      \*PLEASE TYPE OR PRINT CLEARLY**

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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**EIGHTEEN YEARS OLD OR OVER:**

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
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## Model Release Form for Photographs and Video

I hereby give to Big Brothers Big Sisters of Westchester County, Inc.

- A) The unrestricted right and permission to copyright and use, re-use, publish and republish photographs and video of me or in which I may be included, intact or in part, with no restriction, in any and all media now or hereafter known for promotion, advertising, or any other purpose whatsoever. I understand this is not for commercial purposes, but to promote and advertise Big Brothers Big Sisters of Westchester Inc. and its programs, and I waive any rights of compensation.
- B) I also permit the use of any printed material in connection therewith.
- C) I hereby relinquish any right that I may have to examine or approve the completed product or products, or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- D) I hereby release, discharge and agree to save harmless Big Brothers Big Sisters of Westchester Inc., its legal representatives, and all persons functioning under its authority from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or video or in any subsequent process thereof, as well as any publication thereof, including without limitation, any claims for libel or invasion of privacy.
- E) I hereby affirm that I am over the age of majority and have the right to contract in my own name or for my minor child. I have read the above authorization, release, and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives, and assigns.

NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATED: \_\_\_\_\_



## CONSENT AND RELEASE FORM

I understand that Big Brothers Big Sisters of America (“BBBSA”) and/or its affiliates are seeking to use my image, likeness, name, biographical information, personal characteristics, quotations, writings, information contained in writings, and/or audio or video recordings of me, whether made through BBBSA or elsewhere (the “Released Material”) for or in BBBSA and/or affiliate publications or productions.

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings, or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I hereby irrevocably transfer and assign to BBBSA my entire right, title, and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA’s and/or its affiliates’ editing, alteration, or use of the Released Materials. BBBSA has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSA’s exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

***I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_



Dear Potential Big Brother or Big Sister:

Thank you so much for your interest in our program. You are one step closer to completing your Big Brothers Big Sisters application.

Below are instructions to schedule your fingerprint appointment free of charge. **You must schedule an appointment prior to arrival since they are not able to accept “walk-in” appointments.** Please bring with you a valid picture identification issued from a federal or state agency such as a driver’s license, military ID, state identification card, or passport.

**To Schedule Online:**

1. Click the link below or copy and paste the URL into your browser:  
<https://uenroll.identogo.com/workflows/156HYX> into your browser.
2. Enter your information
3. Use Agency ID: NYM00135 (those are zeroes in the middle and are required)

**To Schedule by Phone:**

1. Dial (877) 472-6915
2. Use Service Code: 156HYX
3. Use Agency ID: NYM00135 (those are zeroes in the middle and are required)

If you are unable to schedule your appointment for any reason, please notify us as soon as possible by calling 914-937-3779 to speak to one of our staff.

Unfortunately, we are not permitted to receive fingerprint reports from previous fingerprinting you may have completed. All applicants must be fingerprinted specifically for Big Brothers Big Sisters of Westchester.

**Once your process is complete, you will receive two (2) receipts. One copy is for your records and the other copy must be returned to BBBS of Westchester with your application.**

Please feel free to call 914-937-3779 with any questions or concerns. Thank you so much for your time and interest in being a Big Brother or Big Sister.