

Please read and sign:  
**VOLUNTEER POLICY**  
**SCHOOL BASED MENTORING PROGRAM**

The undersigned acknowledges and agrees that:

I agree to limit my participation in this Big Brothers/Big Sisters school based mentoring program to activities outline in the Program Guidelines. If I would like to extend my mentoring relationship beyond the Program Guidelines, I understand that I must contact Big Brothers/Big Sisters to discuss my interest and to complete any additional screening procedures that my be required.

I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other person, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested to Big Brothers/Big Sisters of Marion County and or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

\_\_\_\_\_ I DO / DO NOT (Please circle one) consent to the use of identifying information im-  
print, video, films and photographs for publicity or promotion by Big Brothers/Big Sisters.

Big Brothers/Big Sisters reserves the right to reject a candidate for any reason that the asso-  
ciation, in its sole judgment, determines will or may affect the best interests of the  
children/youth of Big Brothers/Big Sisters of Marion County. Furthermore, Big Brothers/Big  
Sisters reserves the right to withhold the reason(s) for such refusal.

A copy of this release is acceptable in lieu of the original.

The undersigned expressly agrees to the above stated conditions in applying as a volunteer  
with Big Brothers/Big Sisters.

Volunteer Signature : \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Parent signature if volunteer is under the age of 18:

\_\_\_\_\_ Date \_\_\_\_\_