



Big Friend Little Friend of the Mitchell Area  
104 W 5<sup>th</sup> Ave  
Mitchell, SD 57301  
Phone/Fax 292-4444  
[miranda.bflf@gmail.com](mailto:miranda.bflf@gmail.com)

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**BIG FRIEND  
SCHOOL-BASED APPLICATION**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Current Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Provider \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

\*\*Along with this application, you will need to submit a copy of your driver's license.

**REFERENCES**

*Please list three references that we can contact; ONE work reference and TWO non-family references*

**WORK REFERENCE:**

Name Supervisor \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSONEL REFERENCE: *known for at least TWO years***

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSONEL REFERENCE: *known for at least TWO years***

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list any youth serving organizations at which you have worked or volunteered in the past.

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**VOLUNTEER MENTOR COMMITMENT:** If I am accepted in to the Big Friend Little Friend of the Mitchell Area program, I will, to the best of my ability, serve as a positive role model for my Little Friend. I will meet with my Little once a week for at least an hour and continue this relationship for at least one year. Furthermore, I will regularly update the BFLFMA staff, as to the status of my match relationship. I will inform BFLFMA immediately upon incurring any civil, domestic or criminal charges of any nature. I also understand that my services as a mentor can be terminated for non-compliance with the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CONFIDENTIALITY POLICY

It is the policy of Big Friend Little Friend of the Mitchell Area (BFLFMA) to protect the confidentiality of its Bigs, Littles and their families. The BFLFMA staff will only share information about Bigs, Littles and their families with BFLFMA board of directors, student interns, or work-study students. In addition, Mentors are required to keep information regarding their Little and his/her family confidential.

All files are considered the property of BFLFMA and are not available for review by parents/guardians, Littles, young moms or volunteers.

### LIMITS OF CONFIDENTIALITY

1. Information will be released to other individuals or organizations only with a signed release form from the mentor, parent/guardian or young mom.
2. Written consent for BFLFMA to use images in media as indicated in media release and consent form.
3. Information shall only be provided to law enforcement officials or the court upon delivery of a valid subpoena.
4. State law mandates that suspected child abuse or neglect be reported to the Department of Social Services. Mentors and/or BFLFMA staff will report any suspected abuse or neglect of a minor.

I have read and understand the Big Friend Little Friend of the Mitchell Area confidentiality policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MEDIA RELEASE

I hereby grant Big Friend Little Friend of the Mitchell Area the right to use images and names as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography and recordings, brochures, newsletters, videos, online and social media sites.

- I hereby ACCEPT to be used for any BFLF media opportunities
- I hereby DECLINE to be used for any BFLF media opportunities

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ACTIVITIES AND INTERESTS

Place an X next to the things you would like to do with a Little Friend. Circle your top 5 activities.

\_\_\_ Spectator Sports: DWU Sports, MHS Sports,  
Hockey, Soccer, Amateur Baseball

\_\_\_ Football

\_\_\_ Baseball

\_\_\_ Softball

\_\_\_ Basketball

\_\_\_ Track

\_\_\_ Soccer

\_\_\_ Wrestling

\_\_\_ Tennis

\_\_\_ Volleyball

\_\_\_ Golf/Mini-golf

\_\_\_ Ping Pong

\_\_\_ Roller-skating

\_\_\_ Roller-blading

\_\_\_ Bowling

\_\_\_ Swimming

\_\_\_ Auto Racing

\_\_\_ Archery

\_\_\_ Frisbee/Frisbee golf

\_\_\_ Martial Arts

\_\_\_ Snow Skiing

\_\_\_ Cross Country Skiing

\_\_\_ Ice Skating

\_\_\_ Ice Fishing

\_\_\_ Snow Tubing

\_\_\_ Snow Board

\_\_\_ Hockey

\_\_\_ Bike Riding

\_\_\_ Walking/Running

\_\_\_ Hiking

\_\_\_ Camping

\_\_\_ Fishing

\_\_\_ Hunting

\_\_\_ Picnics

\_\_\_ Boating

\_\_\_ Canoeing

\_\_\_ Water Sports

\_\_\_ Horseback Riding

\_\_\_ Animal Care

\_\_\_ Gardening

\_\_\_ Sewing/Needle work

\_\_\_ Computers/Electronics

\_\_\_ Music

\_\_\_ Movies

\_\_\_ Museums

\_\_\_ Plays

\_\_\_ Concerts

\_\_\_ Dancing

\_\_\_ Collecting Items: What: \_\_\_\_\_

\_\_\_ Reading

\_\_\_ Library

\_\_\_ Board Games

\_\_\_ Video Games

\_\_\_ Musical Instruments: Which One: \_\_\_\_\_

\_\_\_ Cooking

\_\_\_ Baking

\_\_\_ Astronomy

\_\_\_ Shopping

\_\_\_ Skate Boarding

\_\_\_ 4-Wheeling

\_\_\_ Geocaching

Others not listed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please read the following carefully before signing this application:***

I certify that all information I have provided or will provide to Big Friend Little Friend of the Mitchell Area, 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 falsifications or exclusions may be cause for immediate rejection or termination as a volunteer.

I agree to immediately inform Big Friend Little Friend of the Mitchell Area of any and all infractions, violations, charges and convictions related to any civil, domestic or criminal incidences.

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Friend Little Friend of the Mitchell Area.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature for all applicants  
under the age of 18

\_\_\_\_\_  
Date

Please list several days and times you are available to meet during the school day  
for 45-60 minutes:

Day \_\_\_\_\_

Time \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_