


**Date:** July 25, 2022

**To:** Department Directors

**From:** Daniella Levine Cava   
Mayor

**Subject:** 2022-23 Big Brothers Big Sisters - School to Work Mentoring Program

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We are embarking on our ninth year commitment of our partnership with the Big Brothers and Big Sisters Mentoring Program and I am happy to relaunch this program for the 2022-23 school year. This year the program format will be a hybrid approach with in-person and/or virtual interactions. We are looking forward to welcoming a new group of juniors and seniors (Littles) from Miami Dade County Public Schools (MDCPS) and County employees (Bigs) to participate in the program at the various locations listed below:

- Stephen P. Clark Government Center
- Overtown Transit Village
- Main Library
- Hickman Building
- Miami-Dade Aviation Department
- Miami-Dade Police Headquarters
- Miami-Dade Fire Rescue Headquarters
- Miami-Dade Corrections and Rehabilitation

For the upcoming school year, we anticipate expanding the program to the Water and Sewer Douglas Road location. Students from Booker T. Washington, Turner Technical High School, Miami Northwestern, and Miami Jackson Senior High Schools will be participating in this program.

For years, Miami-Dade County and Big Brothers Big Sisters of Miami have successfully partnered on the School to Work Mentoring Program. This partnership is a key component to the success in our community in supporting and cultivating our future leaders. The School to Work Mentoring Program is an opportunity for students from MDCPS to shadow County employees in the workplace. The mentoring experience is gratifying and I commend our employees' dedication and commitment in continuing to make this program successful.

The Human Resources Department will be facilitating a virtual orientation session for employees interested in becoming mentors ("Bigs") for the upcoming school year. A virtual orientation session will be held on **Wednesday, August 17, 2022, from 10:00 a.m. - 12:00 p.m.** Representatives from Big Brothers and Big Sisters will provide an overview of the program and answer questions from prospective mentors. Human Resources staff members will be available to answer questions regarding the program and continue to provide additional information through your Departmental Personnel Representatives. Attached is additional information on the program as well as a volunteer application.

Should you have any questions, please contact Kathy L. Horton, HR Section Manager, at 305-375-2668.

Thank you again for your continual support and participation.

Attachments

c: Honorable Chairman Jose “Pepe” Diaz  
and Members, Board of County Commissioners  
Honorable Harvey Ruvlin, Clerk of Courts  
Honorable Pedro J. Garcia, Property Appraiser  
Geri Bonzon-Keenan, County Attorney  
Gerald K. Sanchez, First Assistant County Attorney  
Jess M. McCarty, Executive Assistant County Attorney  
Office of the Mayor Senior Staff  
Felix Jimenez, Inspector General  
Jose Arrojo, Executive Director, Commission on Ethics and Public Trust  
Javier A. Betancourt, Executive Director, Citizens’ Independent Transportation Trust  
William Diggs, Executive Director, Miami-Dade Economic Advocacy Trust  
Aileen Bouclé, Executive Director, Transportation Planning Organization  
Lazaro Solis, Deputy Property Appraiser  
Arleene Cuellar, Director, Human Resources  
Virginia Washington, Division Director, Human Resources  
Kathy L. Horton, HR Section Manager, Human Resources  
Departmental Personnel Representatives



# BECOME A SCHOOL TO WORK BIG!



**Make a difference by becoming a Mentor of a High School student at your place of work!**

**Traditionally, high school students are mentored in the workplace of corporate partners to gain valuable skills and exposure to career opportunities.**

## AGE OF LITTLES:

Students are enrolled as juniors in High School most instances and remain in the program until graduation.

## COMMITMENT:

Bigs and Littles meet once a month in-person during their scheduled site visits.

**SCAN TO SIGN UP!**





Dear Volunteer,

Thank you for your interest in becoming a volunteer mentor with Big Brothers Big Sisters of Miami! We are grateful that you share our passion to empower Miami's youth to achieve their full potential. Please read the below information about our programs, volunteer requirements and how you can get involved.

We have four one-to-one mentoring programs through which you can volunteer:

- **Community-Based Mentoring:** Bigs are matched with a Little (5-14 years old) in a one-to-one mentoring relationship. **Bigs and Littles spend time together at least twice monthly, approximately four (4) hours each time.** Bigs coordinate timing of outings with their Littles' parent/guardian, and activities are those that both the Big and the Little enjoy, such as playing board games, visiting a museum, playing or watching sports, going fishing or any other child-safe, parent-approved activity. Activities may also take place online and include online games, virtual dance parties, taking a virtual tour of a national park or museum, discussing books, and more. Volunteers must have their own transportation and are required to provide a copy of their driver's license and a copy of insurance card.
- **School to Work:** Companies and organizations that would like to volunteer as a group recruit mentors from their pool of staff and host a group of high school students on a regular basis throughout the school year. Employee volunteers are paired with Littles in high school who either:
  - Are transported to the worksite for **four (4) hours on a monthly basis** throughout the school year. Site visits consist of a college and career readiness workshop and one-to-one time for job shadowing and mentoring.
  - Log into an online presentation **twice monthly** throughout the school year. Presentations, also watched by the Bigs, set the foundation for Bigs and Littles to complete a post-secondary success project together. For example, if a presentation is on elevator pitches, the Big and Little will draft and practice an elevator pitch for the Little

Students gain valuable exposure to workplace practices, as well as career and scholarship opportunities.

- **Bigs in Schools/Sites:** Volunteers are matched with a child at a designated elementary school and meet for approximately **an hour each week** throughout the school year. Visits take place at school or at the Little's after-school program. Alternatively, visits may take place online, with Bigs and Littles connecting via Zoom. Activities may include playing educational games, reading together, talking about life or any other activity that is available at the program site. For in-person programming, Bigs and Littles are required to stay at the designated program site, either the Little's school or after-school program, and may not leave site grounds for any reason.
- **Take Stock in Children:** Volunteers are matched with a student at a nearby middle or high school and mentor them at school **at least twice monthly (ideally weekly)**. Students have been awarded a college scholarship, and mentoring serves to empower students to get on track and stay on track for an on-time high school graduation and enrollment in an institution of higher education. Activities include discussing ways to be successful in school and in the workplace, taking about life goals and/or completing activities from our Mentor Toolkit. *To mentor through the Take Stock in Children program, call (786) 860-5516 or email [TSICMentors@bbbsmiami.org](mailto:TSICMentors@bbbsmiami.org).*



We require that all mentors:

- **Commit to volunteering for at least one calendar year.** Research shows that the impact of mentoring takes place at the 12-month mark of a relationship. Additionally, the longer a mentoring relationship lasts, the longer the impact on the mentee. Keep in mind that research shows that mentoring relationships that last fewer than six months can have a negative impact on youth. *Therefore, we ask you to seriously consider your ability to make the commitment.*
- **Live or work in Miami-Dade County.** Volunteers who live in Broward County are encouraged to participate with Big Brothers Big Sisters of Broward County. However, if you prefer to volunteer with the Miami agency, you must be willing to commute to Miami to meet with your mentee.
- **Complete the enrollment process.** This includes:
  - Completing a volunteer application.
    - *Volunteers participating in the **Community-Based Mentoring** program must include their driver's license and insurance information, as well as copies of each, on the application.*
  - Agreeing to a national Level II background check.
  - Providing personal references.
  - Setting aside two (2) hours for an interview and training/orientation session with program staff.
  - *Volunteers participating in the **School to Work** program should confirm with their employer that their workplace is a partner site.*
  - *Volunteers participating in the **Bigs in Schools/Sites** programs should review the list of participating schools and the days/times they accept volunteer visitors.*

We look forward to providing you with a positive and impactful volunteer experience! Please feel free to contact us at (305) 644-0066 if you have any additional questions.

Sincerely,

BBBS Miami Program Staff



# VOLUNTEER APPLICATION



Thank you for your interest in becoming a volunteer mentor. Please submit completed application via email to **volunteer@bbbsmiami.org**, hand deliver, or mail to **550 NW 42<sup>nd</sup> Avenue, Miami, FL 33126**.

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 checked="" 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:	

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Fax: (786) 536-6242  
volunteer@bbbsmiami.org



# VOLUNTEER APPLICATION



Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			<input type="checkbox"/> Write in _____ <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Write in _____		
Languages Spoken: Nationality/Country of Origin: Tribal Affiliation:					
Occupation:		Emergency Contact:			
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			Dates of Service:		
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard					
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)? <input type="checkbox"/> 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
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 volunteer@bbbsmiami.org



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		Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- 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?
- Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big?  
 **Yes**    **No**  
 If yes, when and where?
- Have you ever been involved with or volunteered for another youth organization?  
 **Yes**    **No**  
 If yes, when and where?
- 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?
- 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:

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 550 NW 42<sup>nd</sup> Avenue, Miami, FL 33126  
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# VOLUNTEER APPLICATION



1. Your spouse or domestic partner (i.e., if you live with a significant other/partner) OR a close family member who has known you at least three years, 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 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:		
<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:		

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

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## VOLUNTEER APPLICATION



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.

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# 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:** \_\_\_\_\_



# VOLUNTEER APPLICATION



## Document Overview

Prior to your in-person interview, we would like you to complete the sections below. Parents/Guardians of youth in our programs often ask us questions about someone with whom their child will be matched; we will release information to a parent/guardian only with your expressed permission. The information you provide in this document will also help us make the best possible match for you and assure that we can support you throughout your time as a Big Brothers Big Sisters of Miami (BBBS Miami) volunteer.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

## Consent to Release Information

I hereby authorize BBBS Miami to secure any information staff deem necessary from law enforcement agencies; medical, psychiatric and psychological professionals; current and past employers; educational institutions; social contacts and any other sources to evaluate my potential as a Big Brother/Big Sister. As fully set forth in the Confidentiality Policy, I understand that this information is confidential.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date of Birth

## Talent Release

Note: Signing this Talent Release does not mean that you, your name, your likeness or your voice will appear in any publicity photos, videos, news reports, articles or similar places. However, because some BBBS Miami events are covered by the media or recorded or videotaped, we must have all volunteers and parents/guardians sign this for your protection and ours. If, for some reason, you are unable to sign the Talent Release, talk to a BBBS Miami staff member.

I, \_\_\_\_\_, agree to permit BBBS Miami to take, use, release or reproduce my name, my likeness, my voice and/or any other information identifying me, whether by photograph, videotape, audiotape, film or by any like means for any purpose that furthers the mission and goals of BBBS Miami. I further agree to permit BBBS Miami to authorize any designee,

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assignee, nominee, successor, affiliate or related entity to take, use, release or reproduce my name, my likeness, my voice or any other information identifying me, whether by photograph, videotape, audiotape, film or by any like means for any purpose that furthers the mission and goals of BBBS Miami.

I expressly release and hold harmless BBBS Miami, any designee, assignee, nominee, successor, affiliate or related entity from any and all claims, causes of action or liability arising from or related in any manner to the taking, use, release or reproduction of my name, my likeness, my voice or any other information identifying me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Confidentiality Policy

In order for Big Brothers Big Sisters of Miami, Inc., (the "Agency") to provide a responsible and professional service to clients, it is necessary for volunteers, clients and parents/guardians to divulge extensive personal information about themselves and their families. Additionally, the Agency collects information from outside sources, including confidential references, which become part of client, parent/guardian, or volunteer files. All records are the property of the Agency and are not property of any Agency employee, client, parent/guardian, or volunteer. Therefore, records are not available for review by clients, parents/guardians, or volunteers. The Agency respects the confidentiality of clients and volunteers and, with the exception of the situations listed below, shares collected information only among Agency staff who need to know the information to responsibly complete their job duties.

### Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "Consent to Release Information" form appropriately signed by (i) the client's parent/guardian when the information requested relates to the client, or (ii) the volunteer when the information requested relates to the volunteer.
2. Identifying information regarding clients and volunteers may be used in Agency publications or promotional materials if the client or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside organizations, such as Big Brothers Big Sisters of America, may have access to client and volunteer records. These outside organizations shall be required to respect the Agency's Confidentiality Policy. Outside parties shall use such information only for the purpose(s) approved by the Board of Directors. Known violations of Agency's Confidentiality Policy will be reported to the supervisor of the individual involved, or to the President, and appropriate disciplinary action shall be taken.
4. Members of the Board of Directors have access to client files for various reasons, including (i) program evaluation, audit and case planning, (ii) under circumstances that may adversely impact the Agency to evaluate the impact and the Agency's response, and (iii) at the discretion of the Executive Committee of the Board of Directors and/or the Agency's Management Team.
5. Information shall be provided to (i) Agency legal counsel or any counsel selected by the Agency and/or (ii) the Agency's insurance carrier in the event of litigation or potential litigation or at the discretion of the President and CEO or the Executive Committee of the Board of Directors for any matter involving the Agency. Such information provided to legal counsel is privileged information, and its confidentiality is protected by law.

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- 6. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
- 7. During the pre-matching process, information about the client and parent/guardian will be shared with the potential volunteer, and vice-versa. After a match has been created, information about the matched volunteer will be shared with the client and parent/guardian, and vice-versa.
- 8. State law mandates that suspected child abuse be reported to the Florida Department of Children & Families. Agency workers shall comply with mandated procedures.
- 9. If an Agency worker receives information indicating that a client or volunteer may be dangerous to himself/herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

\_\_\_\_\_  
 Signature Printed Name Date

## Statement of Understanding

BBBS Miami is committed to providing positive guidance and support to the youth we serve. Because of the impactful and significant friendship our volunteers usually establish with program participants, we wish to stress the importance of our volunteers' reliable and consistent participation in the program and ongoing communication with BBBS Miami staff during all phases of program involvement. Therefore, we require volunteers to agree to the following:

- 1. I agree to reliable and consistent participation in the program.
- 2. I agree to maintain ongoing communication with BBBS Miami staff – including returning phone calls, e-mails, text messages and other attempts to contact – during all phases of my involvement with the program.

Are you willing to follow these guidelines?  Yes  No

## 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

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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 Big Brothers Big Sisters of Miami commitment required of mentors?  
 **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**



## VOLUNTEER APPLICATION



### 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 Big Brothers Big Sisters of Miami 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 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

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# VOLUNTEER APPLICATION



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: \_\_\_\_\_

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