Volunteer Application Checklist

Note: Please make sure all information is clearly printed.

☐ Volunteer Application completely filled in, signed & dated.

☐ Volunteer Permission & Release, signed & dated.

☐ Confidentiality Policy & Statement Form, signed & dated.

☐ Media Consent Form, signed & dated.

☐ Volunteer Reference List with complete address, phone number, email address and fax number. This is also to be signed and dated.

☐ Child Welfare Record Check filled in as well as signed & dated.

☐ Police Record Check has been applied for. We will supply you with a letter to take to Lethbridge Regional Police to have this completed at no cost to you. The Police Service will then mail this directly to Big Brothers Big Sisters.

☐ With your completed application we require a copy of:
   1. Driver’s License or Passport or Citizenship Number
      AS WELL AS
   2. AHC card or Birth Certificate

☐ If applying for the Big Brother, Big Sister or Big Couple program, a statement from your insurance company showing you have one million dollars ($1,000,000) liability coverage on your vehicle. Your insurance company can fax this to us at (403) 328-5960.

☐ Upon completion of the above, contact a caseworker to sign up for an orientation/Pre match Training Session.

Thank you for your interest in Mentoring
Application process for Community-Based Mentoring:

Pre-Match

Volunteers:
- Initial Contact with Big Brothers Big Sisters Intake Caseworker
- BBBS receives Application, References, Police Check, CWIS Check and Insurance Policy copy
- Interview at Big Brothers Big Sisters
  (Couples Applications: The interview for couples is done separately. A joint interview is also completed)
- Volunteer Orientation/Training
- Caseworker completes an assessment and recommendation; file is passed to Executive Director for approval

Children:
- Parent Contacts Big Brothers Big Sisters
- Program Information and Application sent to Parent
- Big Brothers Big Sisters receives Application Form completed in full
- Parent/Child Meeting at Big Brothers Big Sisters
- Parent/Child Interview & Mandatory Parent/Child Pre-Match Training/Orientation
- Child Assessed for Approval
- Upon Approval Child placed on Waitlist

Matching Process

Volunteer chooses Mentee with Caseworker
- Volunteer and Parent meet at Big Brothers Big Sisters
- Initial Match Meeting with Volunteer, Child and Parent at Big Brothers Big Sisters Office
- The Match Begins
- Follow up as per National Standards – match supervision (phone calls, email, and in office meetings)

Application process for Site-Based Mentoring:

Pre-Match

Volunteers:
- *same process as Community-Based program except the interview for Teen Mentors is held at their High School

Children:
- Student identified by a teacher
- Teacher completes referral form
- Teacher sends information package and consent form home with student
- Referral form and parent consent returned to Big Brothers Big Sisters
- Child placed on Waitlist

Matching Process

Mentoring Coordinator contacts volunteer and school with potential mentoring match
- Volunteer receives orientation at the school and is introduced to student
- The Match begins
- Follow up as per National Standards – match supervision (phone calls, email, and in office meetings)
**Our Mission:**
“We commit to the young people of Lethbridge and District, that we will be leaders in providing the highest quality, volunteer based mentoring program.”

**PROGRAM INFORMATION FOR VOLUNTEERS**
This information is designed to give you an overview of our mentoring programs and highlight the volunteer opportunities within the agency. The enclosed information will help you decide if this is the right volunteer experience for you. If you have any questions, please call us at 403.328.9355.

**A Little Bit About Us:**
At Big Brothers Big Sisters of Lethbridge our programs provide children in need with positive, caring, adult role models. Being a mentor may sound pretty formal but it is something anyone with a couple of hours a week and a desire to make a difference can do.

**How our Programs Work:**
Our professional staff matches each child in need of our services with a volunteer mentor. Both the volunteers and families go through a screening and interview process to make sure the program is right for them. Once they have been approved to participate in the program, our staff carefully matches a volunteer and child who will spend the upcoming year together. Volunteers and families receive training, guidance and support throughout the match. These steps help ensure the children and volunteers have a positive and rewarding experience in the program.

**Benefits to the Children in our Program:**
- They are 46% less likely to initiate drug use.
- They are 52% less likely to skip school.
- Little Sisters and Little Brothers are more likely to attend university than their unmatched peers.
- They have improved confidence, self-esteem and peer relationships.

**Benefits to the Volunteers:**
- They experience greater personal satisfaction.
- Have improved workplace satisfaction.
- Gain valuable volunteer experience.

**Benefits for the Community:**
Healthy communities start with healthy children. The benefits of a child having a mentor extend far into the community. We see a reduction in school dropouts, poverty, drug use and crime in the children who were “at risk” prior to having a mentor.
Big Brothers/ Big Sisters Program:
Being a Big Brother or a Big Sister is all about being a friend to a Little Sister or Little Brother. It’s about hanging out, eating pizza, watching a hockey game or a movie, or going for a while in the mountains. As a volunteer, your focus is on friendship. Our focus is making sure the matches are a “good fit”. This means you will be matched to a Little Sister or Little Brother who shares your interests. Just like our volunteers, the children in our program have diverse interests and talents. We have kids who love board games, music, art, science and sports. For many “Littles”, this program will be their only childhood opportunity to learn to ice skate, build a model, fly a kite, bake cookies, spend a day in the mountains or have an adult in their lives who is a trusted friend.

Our Big Brothers & Big Sisters

- Are 18 years of age or older.
- Are available to see their Little Brother or Little Sister 2-3 hours weekly for one year.
- Have no recent or anticipated life changes that would interfere with their commitment.
- Are employed, a student, or financially stable.
- Have lived in the community for at least 6 months.

Big Couples Program:
Being a Big Couple is a lot like being a Big Brother or Big Sister. Volunteering as a couple allows you to enrich your lives by spending time together and with a child who needs a friend. This unique two-to-one relationship is just like our other mentoring programs where focus is on building friendship by doing activities you all enjoy.

To help set the foundation for your new friendship we focus on making sure the match is a “good fit” for both of the volunteers and for the child. This new friendship will build self-esteem and confidence in a child who would benefit from having trusted friends and adults upon whom they can count. We believe that children benefit from seeing healthy adult interactions.

Our Big Couples

- Are 20 years of age and over.
- Living together for two years with no separations.
- Are available to see their Little Sister or Little Brother 2 – 3 hours weekly for one year.
- Have no recent or anticipated life changes that would interfere with their commitment.
- Are employed, a student or financially stable.
- Have lived in the community for at least 6 months.
In-School Mentoring Program
Our In-School Mentoring program matches a volunteer with a child in Grades 1 – 12. In-School Mentors are neither tutors nor classroom aides, and the visits focus around non-school related activities. The volunteer Mentor and the student meet in the child’s school for one hour a week, for the duration of the school year, and spend time doing activities they both enjoy such as crafts, sports, and board games.

Teen Mentoring Program
Our Teen Mentoring program matches a volunteer with a child in Grades 1 – 6. The volunteers in the program are under the age of 18 and attend a corresponding High School. The volunteer Mentor and the student meet in the child’s school for one to one and a half hours a week, for 15 sessions from October to March. Big Brothers Big Sisters Caseworkers are present for the sessions and facilitate the activities.

The children in our Site-Based Mentoring programs are in need of a positive, caring adult/youth role model and have been identified as such by a concerned teacher, school counselor or principal. Many of the children in the programs are having trouble fitting in with their peer group. Their mentor may be the only friend or positive role model they have. This program is a collaborative effort between Big Brothers Big Sisters of Lethbridge, Lethbridge School District No. 51 and Holy Spirit Roman Catholic Separate Regional Division No. 4.

Our In-School Mentors

- Are 18 years of age and over
- Are able to commit to visit the child one hour a week during the school day for one school year.
- Have access to transportation to and from the school.
- Have no resent or anticipated life changes that would interfere with the commitment.
- Have lived in the community for at least 6 months

Our Teen Mentors

- Are 14-18 years of age (Grades 9-12)
- Are able to commit to visit the child from October to March (15 Sessions).
- Have access to transportation to and from the school.
- Have no resent or anticipated life changes that would interfere with the commitment.
- Have lived in the community for at least 6 months
BENEFITS OF THE PROGRAMS
During the In-School Mentoring evaluation process teachers and parents made the following comments at the end of the school year about their students who were involved with the program:
“(The) student gained a positive attitude toward spelling and reading”.
“(The student) doesn’t cry as much. The girls play with her more”.
“(The student had) great improvement in self-esteem and behavior”.
“(The student was) more willing to share his ideas”.
“I am so pleased with (the child’s) growth personally. (The child) feels happy!”

WHAT IS IT ALL ABOUT
The Mentor arrived at the school to find her Mentee intensely studying a display on the school’s wall. The Mentor asked her Mentee what he was looking at and he told her it was the “student of the week” tree. He said every time a student does something really well they get their name on a star, which then gets put on the tree. The Mentor suggested to her Mentee that he should try to get his name on a star. He looked at her intently and said, “I could never do that it is too much work” however throughout the visit the Mentor continued to encourage her Mentee. The next week when the Mentor visited her Mentee he came running excitedly down the hallway towards her and exclaimed “I did it; I got my name on the tree”.

III. AGENCY POLICIES TO NOTE FOR ALL PROGRAMS
+ A full assessment is made to determine the suitability of all volunteers.
+ We require that potential volunteers refrain from using illegal drugs 6 months prior to and while matched in our program.
+ Individuals who have had drug/alcohol addictions in the past must provide reasonable evidence that they have been drug/alcohol free for two years.
+ Applicants who use medication to treat mental health concerns (e.g. depression) must wait one year before applying if any change in medication is made.

Agency’s Responsibilities to the parent and child
- Adequate screening of the Mentor;
- Treating the child and parent/guardian respectfully
- Attention to the needs of the child
- Service free of charge
- A focus on child safety
- Training in the core topics and key messages of Big Brothers Big Sisters of Canada’s Pre-Match Training
- Respecting the role of the parent/guardian in the child’s life
- Checking in with the parent/guardian and child to ascertain satisfaction and progress of the match, etc.
Agency Expectation of Parent/Guardian and Child
- Being on time for visits
- Treating the staff with respect
- Being home when the mentor drops off the child (for parent/guardian in Community based Program)
- Reporting concerns and changes in life circumstances to the agency; etc.

Agency Expectation of Volunteer
- Positive role model in the community
- Being on time for visits
- Treating staff with respect
- Reporting concerns and changes in life circumstances to the agency; etc.

Confidentiality
Due to the confidential nature of our programs all Volunteers will sign the Confidentiality Policy Document.
- Any breach of this policy will be considered grounds for termination

*Research indicates that volunteers who do not see a child on a regular basis or do not fulfill a one-year commitment do more harm than good to a child.*

**IV. ELIGIBILITY FOR CHILDREN AND FAMILIES**

- Children in our Big Brother/Big Sister and Big Couple programs are growing up in a single parent family. In some cases, children are accepted from two-parent families. Children are between the ages of 6 and 16. All children must want a Big Brother, Big Sister or Big Couple as a friend and have time to meet with their “Big” on a weekly basis.
Children who are in our Site Based Mentoring programs have been referred to our agency through a teacher or principal. These children are in grades one through 12 and may be having trouble fitting in with their peers or may be experiencing some difficulties at home. These programs are in Lethbridge School District No. 51 and Holy Spirit Roman Catholic Separate Regional Division No. 4.
Volunteer Application

Application to volunteer with Big Brothers Big Sisters of Lethbridge & District in the following program:

- Traditional Big Brother/Big Sister
- Couples Matching
- In-School Mentoring
- Occasional Big
- Unsure ________________

Date: __________________________

Full Name: ________________________________________________________________

Address:  _________________________________________________________________

Postal Code: ____________ Home Phone: ____________ Cell Phone: ____________

Length of time at this address ______ How long have you lived in the area? ______

Email:  _________________________________________________________________

Age: _________ Date of Birth: ______________________________________________

Volunteers must be older than 18 years old to volunteer with children and youth in our programs. Are you older than 18 years?  ☐ Yes  ☐ No

If you are interested in the Couples Matching program, how many years have you been in your relationship? _______ years

How did you hear about this program?

☐ TV  ☐ Radio  ☐ Newspaper
☐ Current Volunteers  ☐ Special Event  ☐ Friend/Relative
☐ Billboard/Bus Shelter  ☐ Former Little  ☐ Website
☐ I’ve always known  ☐ Other:  ________________________________

Have you ever been, or applied to be, a volunteer with a Big Brother/Big Sister agency in the past?  ☐ Yes  ☐ No

If yes, where and when?  ____________________________________________________________

July 2013
Employment

Employer: _______________________________________________________
Position: ________________________________________________________
Work Address: _____________________________________________________

Work Phone: ____________________ Can we call at work? ☐ Yes ☐ No
Length of Time at present employment: _______________________________
Working Hours: ______________

Family

Marital status: ☐ single ☐ separated ☐ common-law
                ☐ married ☐ divorced ☐ widowed

Partner’s Name: _________________________________
Partner’s Place of Business: _________________________________
Number of Children____ Ages of girls __________ Ages of boys __________
What changes in your family status do you anticipate in the upcoming year?
_____________________________________________________________________
_____________________________________________________________________

How does your partner feel about you becoming a volunteer with Big Brothers Big Sisters of
Lethbridge & District? _________________________________________________
_____________________________________________________________________

Education

Education Level: ☐ High School ☐ Trade School ☐ College
                ☐ University ☐ Other: _________________________________

Name of last school attended: _________________________________________

Are you presently a student? ☐ Yes ☐ No Where: ___________________________
_____________________________________________________________________

July 2013
Housing
If you have been living at your current address for less than one year, please provide your previous address: _________________________________________________________________
_______________________________________________________________
Does anyone in your home own firearms?  ☐Yes ☐No
Do you live with others?  ☐Yes ☐No
Are others visiting regularly?  ☐Yes ☐No
Do you have pets?  ☐Yes ☐No

Vehicle
Do you have access to a vehicle?  ☐Yes ☐No
Does your vehicle have passenger airbags?  ☐Yes ☐No
Do you have at least $1 million liability insurance coverage?  ☐Yes ☐No
Have you ever been charged with any traffic violations (eg. speeding)?  ☐Yes ☐No
Driver’s License Number: ____________________________________________

Other
Have you ever been in trouble with the Police?  ☐Yes ☐ No
If yes, please explain and provide dates: __________________________________
_______________________________________________________________
Have you ever been accused, arrested, convicted or pardoned of a sexual offense involving a child or children?  ☐ Yes  ☐ No
If yes, please specify: _____________________________________________
Have you had any changes in your mental health in the last year? (i.e. been recently hospitalized for psychiatric counseling, are currently or been in counseling, are on medication for mental health concerns or have had any changes in your mental health medications within the last year)

☐ Yes ☐ No  If yes, please explain

________________________________________________________

Are you a member of any other clubs, affiliations or organizations? If so, please list them.

________________________________________________________

What are your interests, hobbies or activities?

________________________________________________________

How long have you been thinking about becoming a volunteer with this agency? (ie a week, a month, a year etc.)?

________________________________________________________

How did you hear about this program?

________________________________________________________

Why do you want to become a volunteer in the program now?

________________________________________________________

________________________________________________________

The above information is accurate and true to the best of my knowledge.

________________________________  _______________________
Signature Date
Confidentiality Policy

All staff and volunteers of Big Brothers Big Sisters of Lethbridge and District are required to abide by this Confidentiality Policy. Any breach of this policy will be considered grounds for termination.

Agency Service Delivery Staff will explain the confidential nature of our service to the volunteer, child and parent/guardian as early as possible in the orientation and/or screening process. At all times thereafter Service Delivery Staff will ensure the privacy of case information.

Information contained in the Casework files will not be disclosed by the Agency to any person without written approval of said person except in the following cases:
- where the safety of a child depends upon divulging this information. This could include suspicion of neglect or abuse of a child. The proper authorities will be informed when necessary. This could result in the disclosure of confidential information without written consent from the person to Brothers Big Sisters of Canada’s insurers and or legal counsel, as may be appropriate in connection with any legal proceeding or inquiry;
- when subpoenaed by the courts;
- when required by law;
- during periodic agency accreditation reviews case records, including relevant personal information will be shared to authorized representatives of Big Brothers Big Sisters of Canada.

In the event that confidential information is requested to support a custody or access application, or for any court matter other than a “child protection” case, the agency will only release the information if required to do so by a Judge’s Order.

No staff member or volunteer shall use confidential information from the agency to advance any personal interest, financial or otherwise.

In accordance with Big Brothers Big Sisters of Canada’s National Standards:
- No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agents, about parents, children or volunteers without their express prior written consent except where required by law.
- All information and records, including electronic records, shall be kept secure (for example, in a filing cabinet, desk, etc. under lock and key, password protected, etc.) and confidential at all times.

Case records will be accessible only to the Caseworker, Executive Director, Casework Supervisor, and in appropriate situations, other Caseworkers.

I understand the agency’s policy around confidentiality and agree to abide by those rules.

____________________________________  ____________________
Signature                           Date
Volunteer Reference List

_____________________________ __________________________
Applicant’s Full Name (please print)  

All references must have known the applicant for at least two years. We require all reference categories be completed. Please print clearly and be sure to include area and postal codes.

Personal Reference (must have known the applicant for at least two years)

Name: _________________________________________________________________
Address: __________________________________________________________________________
City ________________   Prov. _______   Postal Code ______________
Home Phone _______________ Business Phone _______________ ext ______
How long have you known this person? _______  In what capacity? _________________

Vulnerable sector Reference $1$ (if no volunteer or paid experienced exists in the vulnerable sector within the last five years, an employment reference is required)

Name: _________________________________________________________________
Address: __________________________________________________________________________
City ________________   Prov. _______   Postal Code ______________
Home Phone _______________ Business Phone _______________ ext ______
How long have you known this person? _______  In what capacity? _________________

Significant Other (if no significant other exists, a family reference is required)

Name: _________________________________________________________________
Address: __________________________________________________________________________
City ________________   Prov. _______   Postal Code ______________
Home Phone _______________ Business Phone _______________ ext ______
How long have you known this person? _______  In what capacity? _________________

Please provide a reference(s) if you have worked with or volunteered with a person or organization responsible for the well-being of children under the age of 18 or with vulnerable persons who, because of their age, a disability, or other circumstances are at greater risk than the general population of being harmed by a person in a position of authority or trust relative to them,

July 2013

$1$ Please provide a reference(s) if you have worked with or volunteered with a person or organization responsible for the well-being of children under the age of 18 or with vulnerable persons who, because of their age, a disability, or other circumstances are at greater risk than the general population of being harmed by a person in a position of authority or trust relative to them,
Other Reference

Name: _______________________________________________________________

Email: _______________________________________________________________

Address: _____________________________________________________________

City _________________________  Prov. ________  Postal Code _____________

Home Phone ____________________ Business Phone ________________ ext _____

How long have you known this person? _________  In what capacity? ____________

I authorize the above listed references to be contacted by Big Brothers Big Sisters of Lethbridge & District in accordance with the release of information.

_____________________________  ______________________________
Signature of Applicant          Date
MEDIA CONSENT FORM - VOLUNTEER

I, _________________________________________, hereby consent to Big Brothers Big Sisters of Lethbridge & District to use any photographs, audio and/or video recordings of myself as taken or produced by media personnel and/or Association Members and/or Association Staff for the purpose of publicizing and promoting the work of the Association. I further waive any claim which I may have against Big Brothers Big Sisters of Lethbridge & District arising from the use of such photographs, audio and/or video recordings of myself, as aforesaid.

This consent and waiver shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of Lethbridge & District unless otherwise revoked.

_________________________  __________________________
Date                                      Signature of Volunteer

_________________________  __________________________
Date                                      Signature of Witness

-----------------------------------------------
NOTE: Confidentiality concern

If you do not want your picture to be used, please check here: ☐

Name: ____________________________________________

Date: __________________________

Note: It is your responsibility to notify the office if the status of this consent changes.
VOLUNTEER PERMISSION AND RELEASE AGREEMENT

In connection with my application to volunteer with the Agency (“Volunteer Application”), I provide and state as follows:

1. **Acknowledgement and Consent.** By signing this Agreement, I acknowledge, understand and accept that:

   (a) There is no obligation on the Agency to accept my Volunteer Application or assign me as a volunteer into a mentoring program (a “Mentoring Program”);

   (b) There is no obligation on the Agency to provide a reason for the denial of my Volunteer Application or assignment as a volunteer into a Mentoring Program;

   (c) There is no obligation on the Agency to provide me with a reason or prior notice for terminating my involvement in a Mentoring Program;

   (d) If I am accepted as a volunteer, my involvement in a Mentoring Program is not intended to create and shall not be construed as creating either an employee–employer relationship or a contract for services that would allow me to receive a salary, compensation or any benefits, monetary or otherwise; and

   (e) The Agency and Big Brothers Big Sisters Canada (“BBBSC”) are separate entities and this Agreement is between me and the Agency.

2. **Volunteer Position Description, Codes of Conduct and Confidentiality Agreement.** If I am accepted into a Mentoring Program, I agree to abide by the volunteer position description(s) and code(s) of conduct established by the Agency, including any applicable guidelines, Standards and policies which the Agency may introduce and change from time to time in its sole discretion. As a condition of being a volunteer, I acknowledge that I will first have to enter into a confidentiality agreement with the Agency.

3. **Background Check.** For the purpose of considering my Volunteer Application, I consent to the Agency:

   (a) Contacting the references, in confidence, included in my Volunteer Application;

   (b) Conducting a criminal and other relevant background checks; and

   (c) Collecting information from any Big Brothers Big Sisters agency with which I am, or was formerly involved, including a Big Brothers Big Sisters agency in another country with which I am, or was formerly involved.
4. **Collection and Use of Personal Information.**

I consent to the collection and use by the Agency of my personal information for the purpose of evaluating and considering my Volunteer Application (including as described in this Agreement) and, if accepted into a Mentoring Program, for the purpose of administering the Mentoring Program. I consent to the Agency using my personal information to periodically keep me informed about the Agency, BBBSC and BBBSC’s member agencies, including programs, services, opportunities to volunteer, events, funding needs and membership benefits. I understand that I can withdraw my consent to the receipt of promotional information from the Agency at any time by contacting the Agency.

I further understand that the Agency will retain the information in my file, including my personal information, for a period of 75 years from the date I cease to be involved with the Agency, after which time my file will be destroyed. Examples of personal information collected by the Agency include: (i) name, (ii) phone number(s); (iii) date of birth, (iv) contact address, (v) driver’s license and auto insurance information, and (vi) agency(ies) applied to and notice(s) of acceptance, rejection or withdrawal.

5. **Disclosure of Personal Information.** If I am accepted into a Mentoring Program, I consent to the Agency disclosing any relevant information, including any personal information held by the Agency, to:

   (a) The parent(s) and/or guardian(s) of a child with whom the Agency may consider “matching” me in a Mentoring Program. If I am considered for a site-based Mentoring Program, I consent to the Agency disclosing any relevant information, including any personal information held by the Agency, to representatives of the respective school or institution;

   (b) BBBSC, and to the Agency’s and BBBSC’s insurers and/or legal counsel, as may be appropriate in connection with any legal proceeding, inquiry, or risk thereof; and

   (c) Authorized representatives of BBBSC during and in connection with periodic agency accreditation reviews.

I also acknowledge and agree that in the event the Agency ceases operations, any and all information about me held by the Agency will be disclosed to BBBSC, a BBBSC agency selected by BBBSC, or both. I consent to that disclosure and to the use of that information by BBBSC, the BBBSC agency selected by BBBSC, or both in accordance with the rights granted to the Agency under this Agreement.

6. **Personal Vehicles and Property.** If I am accepted as a volunteer in a Mentoring Program, I understand that neither BBBSC nor the Agency insures personal vehicles or property belonging to volunteers and that use of my personal vehicle(s) and property in connection with my participation in a Mentoring Program is at my own risk. I agree that I am solely responsible for my personal property and vehicle(s).
7. **Assumption of Risks and Waiver of Claims.**

If I am accepted as a volunteer in a Mentoring Program, I agree that this Agreement constitutes an unqualified assumption of all risks, dangers and hazards associated with my work and participation as a volunteer in the Mentoring Program and my association with BBBSC or the Agency.

I release BBBSC, the Agency, and their respective directors, officers, employees, volunteers, agents and representatives (the “Releasees”), from any and all actions, causes of action, suits and all other claims whatsoever (the “Claims”), that I have or may have in the future against the Releasees, relating to or arising in connection with my Volunteer Application, the acceptance or denial of my Volunteer Application, my participation in a Mentoring Program, the Alumni Program, and/or my association with the Agency or BBBSC.

8. **Indemnity.**

I will defend, indemnify and hold harmless the Releasees from all Claims of any kind relating to or arising in connection with my negligence or any act or omission of mine relating to or arising in connection with my participation in a Mentoring Program or my association with the Agency or BBBSC, including but not limited to the injury, illness, disability or death of any other person(s) and/or damage to or loss of their property or the property of the Releasees, and against all damages, costs, expenses and fees (including without limitation, reasonable legal expenses), losses, fines or penalties incurred by or on behalf of the Releasees in the investigation or defence of any and all Claims; provided that:

(a) the Releasees shall be entitled to participate in the defence of such claim and to employ counsel at my expense to assist in the handling of any Claim;

(b) I will obtain the prior written approval of the Releasees before entering into any settlement of any Claim or ceasing to defend against any Claim; and

(c) where I fail to acknowledge my indemnification obligation or to assume the defence of any Claim in a timely manner, the Releasees shall have the right to defend the Claim in such manner as they may deem appropriate, at my cost and expense (including payment of any judgment or award and the costs of settlement or compromise of the Claim).

9. **Other Terms of this Agreement.**

   a) In entering into this Agreement, I am not relying on any oral or written representations other than as set forth in this Agreement.

   b) This Agreement shall be governed by and construed pursuant to the laws of the Province or Territory in which the Agency is located.

   c) In the event that any provision or term of this Agreement is held to be invalid, illegal or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.

   d) The provisions of this Agreement shall be binding upon me and my heirs, executors, administrators and legal representatives and shall endure to the benefit of and be enforceable by the Agency and BBBSC, and their successors and assigns.
10. **Residency and Age Requirement.** I declare that I am a legal resident of Canada. I acknowledge and agree that if I have not reached the age of majority of the Province or Territory in which I reside, my parent or legal guardian will also need to sign this Agreement in order for my Volunteer Application to be considered.

**PLEASE CHECK IF APPROPRIATE:**

☐ If I am accepted as a volunteer in a Mentoring Program, I do not authorize the Agency to display, exhibit or otherwise communicate to the public my involvement as a volunteer for the purpose of publicizing the Mentoring Programs.

**IMPORTANT:** I acknowledge that I have read the terms of this Agreement, have been given an opportunity to obtain independent legal advice, and understand that it represents a waiver of certain legal rights, including the right to sue. I further agree that such limits are reasonable and sign this Agreement freely, voluntarily and without duress.

---

Signature of Witness

Signature of Applicant

Witness Printed Name

Applicant Printed Name

Date

Date

Signature of Witness

Signature of Parent or Legal Guardian (if required)

Witness Printed Name

Parent or Legal Guardian Printed Name (if required)

Date

Date

July 2013