



Big Brothers Big Sisters of Canada

North Durham Region

Volunteer Application Form

Full name : _____ Age: _____ Date of Birth: _____

Home phone: _____ Work phone: _____ Can we call you at work: Yes _____ No _____

Cell phone: _____ Email address: _____

Address: _____ Postal Code: _____

Previous address: (if less than 2 yrs) _____

Highest level of education: High School Diploma _____ College Diploma _____ University Degree _____ Other _____

Current employer : _____ Position: _____

Length of time _____ Business address: _____

Previous employment: _____ Position: _____

Length of time: _____ Reason for leaving: _____

Are you a member affiliated with any clubs, organizations: _____

Time period: _____ Duties: _____

General health: _____

Any medical conditions of which we should be aware? _____

Marital Status: Single _____ Married _____ Common-law _____ Separated _____ Divorced _____

Partners Name: _____ Partners Place of Business: _____

Partners Business Address: _____ Phone # _____

How does your partner feel about your involvement with our agency? _____

Do you have children? _____ Number of girls/ages: _____ Number boys/ages _____

Do you own or have access to a vehicle? _____ Drivers License # _____

Model/Make/License Plate # _____

Insurance Company/Policy # _____

Do you have minimum one million dollar liability coverage? _____ Do you have side air bags? _____

Interests/hobbies _____

How did you hear about this program? _____



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How did you hear about BBBS Mentoring Programs? _____

Why do you want to volunteer now? _____

Other languages spoken: _____

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: _____

REFERENCES

Must have known you for a minimum of two years.

Family:

Name: _____ Relationship: _____

Address: _____ Postal code: _____

Phone (Home) _____ Email: _____

Work:

Name: _____ Relationship: _____

Address: _____ Postal code: _____

Phone (Home) _____ Email: _____

Character:

Name: _____ Relationship: _____

Address: _____ Postal code: _____

Phone (Home) _____ Email _____

Comments: (Please note anything else you think we should know about you)



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Volunteer Permission and Release

I hereby authorize Big Brothers/Big Sisters of North Durham Region to contact any or all of the references listed herein for the purposes of processing my application to become a volunteer in the Agency's program. I understand that these references will be contacted in confidence.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Departments, or other organizations to release information and copies of documents pertaining to myself to Big Brothers/Big Sisters of North Durham Region in order to consider my application to volunteer in the Agency's Program, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers/Big Sisters of North Durham Region is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I hereby release and forever discharge Big Brothers/Big Sisters of North Durham Region , and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Big Brothers/Big Sisters of North Durham Region .

If I am matched, I understand that I am responsible for the care of the Child with whom I am matched during our weekly meetings. I agree to have constant supervision while the Child is in my care.

I give permission for Big Brothers/Big Sisters of North Durham Region to release pertinent information regarding my file to the parent of the Child in the process of match selection. Further, I agree to allow my file to be viewed by Agency Reviewers for Big Brothers Big Sisters of Canada, at the time of the agency review, should it be requested. I further grant Big Brothers/Big Sisters of North Durham Region permission to release my name, date of birth, agency applied to and notice of acceptance or rejection to Big Brothers Big Sisters of Canada and for relevant details to be shared within the movement. I give permission for relevant information from my file to be released to other Big Brother/Big Sister agencies upon request if I am applying to or have applied to participate in programs with their agency.

I understand this application and subsequent information in my file is the property of Big Brothers/Big Sisters of North Durham Region. I understand that if Big Brothers/Big Sisters of North Durham Region should cease operation, my complete file becomes the property of Big Brothers Big Sisters of Canada.

The implications of the waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

All information provided in this application is true to the best of my knowledge.

(Printed) Name of Applicant

Signature of Applicant

Date

Signature of Witness

Date