



## NORTHUMBERLAND BIG SISTERS BIG BROTHERS

**VOLUNTEER APPLICATION**

**DATE** \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

May we call you at work? \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Do you own or have access to a vehicle?  Yes  No

Does it have passenger-side airbags?  Yes  No

Do you have at least \$1million auto insurance coverage?  Yes  No

How far are you willing to drive? \_\_\_\_\_

How did you hear about Big Sisters Big Brothers? \_\_\_\_\_

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

Can you commit to a minimum of three hours/week for one year to spend with a child/youth? \_\_\_\_\_

Please indicate in order of preference which of the following age groups you would like to work with:

6-9 yrs. \_\_\_\_\_ 10-12 yrs. \_\_\_\_\_ 13-16 yrs. \_\_\_\_\_ 16-18 yrs. \_\_\_\_\_ Teen Mom \_\_\_\_\_

What do you hope to gain from becoming a mentor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What qualities do you admire in children/youth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What behaviours would you find difficult in children/youth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list 4 references, preferably people who have known you for at least 2 years:  
*Character, Employer (voluntary/paid) and Family*

**Character Reference Name** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Employment/Volunteer Reference Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Family Reference Name** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Additional Reference Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

I hereby waive the right to request disclosure of the personal reference information given about me by the individuals indicated above.

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

\_\_\_\_\_  
**Date**

**It is optional to complete the following section of the application form and whether or not you decide to complete this will not influence the outcome of your application. This additional information will hopefully help us to get to know a little more about you.**

Personal Information

Date of Birth: \_\_\_\_\_ Marital Status:  single  separated  common-law  
 married  divorced  widowed

Partner's Name: \_\_\_\_\_

Do you have children?  Yes  No

Number of Children \_\_\_\_\_ Ages of girls \_\_\_\_\_ Ages of boys \_\_\_\_\_

Housing

If you have been living in your current address for less than one year, please provide the city/town where you lived previously. \_\_\_\_\_

Does anyone in your home own firearms?  Yes  No  
Do you live with others?  Yes  No  
Do you have any pets?  Yes  No

Employment

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of time at present employment: \_\_\_\_\_

Volunteer Experience

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Special interests/skills

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Experience with Children

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