



## 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 have access to a vehicle? \_\_\_\_\_ Valid Ontario Driver's License? \_\_\_\_\_

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

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

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

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

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? \_\_\_\_\_

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

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

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

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

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

This information is true to the best of my knowledge.

\_\_\_\_\_  
**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.**

Tell us about your skills, experiences and interests in the following areas:

Family:

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Education:

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Volunteer Experience:

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Special interests/skills:

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Experience with Children:

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