



BIG BROTHER/ BIG SISTER/ MENTOR ENROLLMENT FORM

**Grey highlighted areas are not relevant to In School Mentor Enrollment – please ignore those sections.*

Enrollment form volunteer with the following program (check one):

| | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Big Brother | <input type="checkbox"/> Big Sister | <input type="checkbox"/> Big Couple | <input type="checkbox"/> In school mentor | <input type="checkbox"/> Other |
|--------------------------------------|-------------------------------------|-------------------------------------|---|--------------------------------|

FULL NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____ BIRTH DATE: _____

ADDRESS: _____ POSTAL CODE: _____

How long at this address? _____ How long have you lived in the area? _____

If you have lived in your area for less than a year, please provide the city/town where you previously lived and for how long: _____

EMAIL: _____ Do you check e-mail regularly? _____

Motor Vehicle Available? YES or NO If no, describes an alternate plan for transportation: _____

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ May we contact you at work? _____

How long at present employment? _____ Work hours: _____

| |
|--|
| Do you have at least \$1 million auto insurance coverage? () YES or () NO |
| Have you been charged with any traffic violations or had your licence suspended? () YES or () NO |
| Is there anyone else living in your home? () YES or () NO |
| Do you have pets? () YES or () NO If yes, what type/size of pet? |

How did you learn about the agency? Circle one, TV RADIO NEWSPAPER FRIEND/FAMILY EVENT WEB
SOMEONE INVOLVED (Little, Big, Staff) OTHER: _____

Have you ever applied to become a volunteer with a youth-serving organization before? _____

Are you anticipating changes in your life over the next year? (Job, moving, marital status, children) If yes describe:

Explain why you want to volunteer with Big Brothers Big Sisters now: _____

Describe a training, education, paid or unpaid work or personal experience that would assist you in your position as a mentor, i.e., any experience you have with children between the ages of 6 and 15 years of age:

Are you interested in volunteering in other areas of the agency? If so, where? _____

Have you been arrested, charged, convicted or pardoned of a criminal offence? () YES or () NO

REFERENCES

The Agency requires the names of THREE references for every volunteer candidate. The agency will be contacting each person regarding your application. Complete the following information **fully and legibly**. PLEASE SUPPLY FAX NUMBERS OR E-MAIL ADDRESSES FOR FASTER RESPONSE. Be sure to let your Reference people know we will be contacting them.

1. An **employer or supervisor** (if unemployed, an instructor) who has known you for at least TWO years:

NAME: _____ OCCUPATION/PROFESSION: _____

How long has s/he known you? _____

| | | |
|----------|------------|--------------|
| Address: | City/Prov: | Postal Code: |
| E-mail: | Phone#: | Work#: |
| Fax#: | | |

If the above referee is not a current supervisor, may we contact the supervisor listed on the previous page? _____

If yes, please provide how long has s/he known you? _____

| | | |
|----------|------------|--------------|
| Address: | City/Prov: | Postal Code: |
| E-mail: | Phone#: | Work #: |
| Fax#: | | |

2. A **Family Member** who has known you for at least TEN years:

NAME: _____ RELATIONSHIP _____

How long has s/he known you? _____

| | | |
|----------|------------|--------------|
| Address: | City/Prov: | Postal Code: |
| E-mail: | Phone#: | Work #: |
| Fax#: | | |

3. A **Person, not related**, who has known you for at least TWO years:

NAME: _____ RELATIONSHIP _____

How long has s/he known you? _____ In what capacity? _____

| | | |
|----------|------------|--------------|
| Address: | City/Prov: | Postal Code: |
| E-mail: | Phone#: | Work #: |
| Fax#: | | |

PLEASE NOTE:

If you live in Saint John, bring the completed Criminal Record Check form attached back to the office, if you live in Grand Bay/Westfield/Hampton/Sussex/Charlotte County Please visit the local RCMP station after notifying the Big Brothers Big Sisters Office and return the completed Criminal Records Check form to the office, or if you live in Rothesay/ Quispamsis please visit the Regional Police station (be prepared to pay \$10) then return the completed Criminal Records Check form to the office. Feel free to keep information documents for reference and return all other completed forms to office.



Permission and Release Form

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

If I am matched, I understand that I am solely responsible for the care of, and will supervise, the child with whom I am matched during outings and activities. I will abide by the confidentiality guidelines for the agency. I understand and agree to abide by the position description and code of conduct as outlined in the agency's documents.

I hereby authorize Big Brothers Big Sisters of Saint John 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 hereby waive the right to request disclosure of the personal references given about me.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Department or other organization to release information and copies of documents pertaining to myself to Big Brothers Big Sisters of Saint John 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 hereby release and forever discharge Big Brothers Big Sisters of Saint John, 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 Saint John.

I give permission for Big Brothers Big Sisters of Saint John 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 the Agency Accreditors for Big Brothers Big Sisters of Canada, at the time of the agency accreditation, should it be requested. I further grant Big Brothers Big Sisters of Saint John permission to release my name, date of birth, agency applied to and notice of acceptance, rejection or withdrawal to Big Brothers Big Sisters of Canada and for relevant details to be shared within the movement.

I understand that this application and subsequent information in my file is the property of Big Brothers Big Sisters of Saint John. I understand that if Big Brothers Big Sisters of Saint John should cease operation, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained by Big Brothers Big Sisters of Canada for a period ending 100 years after the close of my final match.

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.

Printed Name: _____

Signature of Applicant: _____

Date: _____

I do OR do not give the agency permission to use my picture or personal match experiences for publicizing and promoting the work of the agency in a public venue.

Release to share information with individuals outside of the BBBS movement will expire within one year of the above date.

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

Agency Mentoring Coordinators will explain the confidential nature of our service to the volunteer, child and parent/ caregiver as early as possible in the orientation and/ or assessment process. At all times thereafter Mentoring Coordinators will ensure the privacy of case information.

Information contained in 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, which could result in the disclosure of confidential information without written consent from the person;
- When subpoenaed by the courts;
- Where required by law or by a Judge's Order

In accordance with Big Brothers Big Sisters of Canada's National Standards:

1. No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, about parents, children or volunteers without their express prior written consent except where required by law.
2. 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.

Files will be accessible only to the Mentoring Coordinator, Executive Director, and in appropriate situations, other Mentoring Coordinators.

I understand the agency's policy around confidentiality and agree to abide by those rules. I also understand this application and subsequent information in my file is the property of Big Brothers Big Sisters of Saint John.

Signature

Date

Signature of Witness

Date

Please return to:

Big Brother Big Sisters Saint John

APPENDIX "D"

3rd Level Brunswick Square
39 King Street, Saint John, NB
E2L 4W3

SD Record Check Consent Form

Name of Agency/Service: _____

Address: _____ Telephone: _____

Full Name of Applicant: _____

Surname

First Name

Middle Name

Maiden Name: _____ Other surnames: _____

Date of Birth: _____ Sex: _____
Year Month Day

Current Address: _____

Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record check to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the Family Services Act.

Any individual

a) against whom a court order has been made under the Family Services Act in relation to a child's security or development under paragraph 31(1)(e) and/or an adult's security under paragraph 37.1(1)(e); or

b) who has been found, as the result of a documented investigation under subsection 31(2) of the Act, to endanger the security or development of a child in accordance with paragraph 31(1)(e) and who has been informed, under paragraph 30(8)(b), of the findings and conclusions of the investigation; or

c) who has been found, as the result of a documented investigation under subsection 35(1) of the Act, to endanger the security of an adult in accordance with paragraph 37.1(1)(e) and who has been informed of the findings and conclusions of the investigation; or

d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user

shall not be permitted to;

- operate or work in a day care facility, adult residential facility, child placement facility (for example, a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence;
- provide home support services, such as attendant care, and homemaker;
- become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization.

X _____ Dated this ____ day of _____, 20____
Signature of Applicant

TO BE COMPLETED BY FCS

Contravention Contravention
Not indicated indicated

Signature _____ Date _____

COPY OF THIS PAGE TO BE PROVIDED TO AGENCY/SERVICE FOR ITS RECORD.
DETAILS OF CONTRAVENTION TO BE RECORDED ON THE ATTACHED FORM.

Thank you for your interest in volunteering with Big Brothers Big Sisters of Saint John.

Volunteering for Big Brothers Big Sisters

Volunteering can be a very rewarding experience. We offer an opportunity to learn new and useful skills and become involved with youth in a fun and supportive way. Many people find their experience very valuable when exploring education and work possibilities. Volunteering as an In-School Mentor/Big Brother/Big Sister/Big Couple is a way of making a real contribution to our community and to the lives of children.

Agency Mission Statement and Program Goals

BIG BROTHERS BIG SISTERS of SAINT JOHN helps children reach their potential through professionally supported, one to one relationships. Through quality friendships we help children succeed.

The goals of the program include:

- Motivating children physically, intellectually and socially.
- Providing positive role models to children.
- Increasing the self-esteem, self-awareness and self-confidence of children.
- Developing assets in children to improve their opportunity for future success.
- Providing a rewarding experience to volunteers in the program.

Enrollment Process

The steps of enrollment help the agency measure the candidate's safety, stability, commitment, health, lifestyle and rapport with children.

The enclosed Application Form has you provide personal information. Be assured that the documentation collected will be held in strict confidence and the information is treated with utmost respect. Feel free to keep this Enrollment Information Sheet, return all completed forms to the office. The Criminal Records Checks are performed differently at each local Police station. The Criminal Records Checks for the **Saint John** Police require a form to be completed by you and returned to the BBBS office who then sends them in to be completed. In **Grand Bay/Westfield, Hampton, Quispamsis/Rothesay** and **Charlotte County** the form is dropped off at the local RCMP station in person, but the office must call the detachment first and let them know an applicant is expected. The applicant must return to pick up the completed form and return it to the office. Be prepared to show picture identification.

We ask that you provide the names of three reference people who are contacted by phone. Referees are asked a standard series of questions addressing issues related to reliability, character, safety and experience with children.

Commitment

Traditional Big Sister/ Big Brother/ Big Couple

Volunteers agree to commit to at least one (1) year once matched. The Agency recommends spending 3 to 4 hours a week with a Little Brother/ Sister. However, this is simply a guideline and remains flexible to meet the needs of volunteers. Regular, consistent contact is more important than a specific number of hours. For a child who needs an adult friend, some time is better than no time.

Relationships are ideally long-term; however, the Agency understands that things in your life may change and you may have to stop volunteering. In this case, your Mentoring Coordinator will work with you to end your relationship in a compassionate and responsible manner. There is an expectation that there will be a closing interview with the Little Brother/ Little Sister, Big Brother/ Big Sister, parent and Mentoring Coordinator. This final meeting ensures the child, parent and volunteer have a chance to review the benefits of the match and that the child understands that s/he is not responsible for the match ending.

In School Mentoring

Volunteers agree to meet with the child in the school for approximately one hour per week at a time agreed upon by all parties. Volunteers agree to commit to at least one school year once matched. Relationships are ideally long-term; however, the Agency understands that things in your life may change and you may have to stop volunteering. In this case, your Mentoring Coordinator will work with you to end your relationship in a compassionate and responsible manner.

Interviews

Each candidate is asked to participate in an interview. This meeting provides an opportunity for discussion and for the candidate to get answers to questions s/he might have. The Mentoring Coordinator has the chance to gain an understanding of how the candidate's skills and interests fit with the work of Big Brothers Big Sisters. The interviews are also an opportunity for training and learning about the program's expectations so they can be lengthy.

Training

All program participants go through the Child Safety and Mentor Training. This training will include:

1. information to help children, parents and volunteers acquire appropriate safety knowledge and skills (including abuse prevention)
2. self-esteem building information and exercises
3. information on how all parties should handle reports of unsafe and/or inappropriate behavior (including agency policies on match suspension and volunteer dismissal)

You may also be encouraged to attend various other training opportunities as they become available.

Child and Parent Application Process

Children in the programs are usually between the ages of 7 and 13 years when matched, however in special circumstances children may be slightly younger or older. Please let the Mentoring Coordinator know if you are interested in spending time with an older youth. Children may come from a variety of backgrounds and home situations. All the children have been identified as likely to benefit from extra adult support in their lives. Although most children in the programs are eventually matched, there are always some children that never benefit from the program due to a shortage of volunteers.

To be accepted onto the Big Brother Big Sister program waitlist the child must support the idea of having a Big Brother or Big Sister. The parent and the child are both interviewed as well to determine suitability for the program, the child's interests, background and needs.

Establishment of the Match and Support

In School Mentoring

Once the enrollment process has been completed and a potential match has been identified the Mentoring Coordinator will invite the child, parent, volunteer and the teacher to an official match meeting. The program expectations are reviewed and a meeting day and time is decided upon.

Traditional Big Sister/ Big Brother/ Big Couple

Once the enrollment process has been completed and a potential match has been identified, if the parent and prospective volunteer agree to take the next step, the Mentoring Coordinator will invite the child to an official match meeting. The program expectations are reviewed with the Little Brother/ Little Sister, Big Brother/ Big Sister and the parent. If the volunteer and the child both agree to enter into a match, a Friendship Agreement is signed. Program participants are given a membership card that identifies them as a member of the agency. The matched participants are invited to attend agency hosted activities and will receive emails regularly. The Mentoring Coordinator's contact with volunteers, parents, and children happens regularly to ensure the match is going well.

It is part of your responsibility as a Volunteer to stay in touch with your Mentoring Coordinator.



Royal Canadian Mounted Police
 Canadian Police Information Centre
 Gendarmerie royale du Canada
 Centre d'information de la Police canadienne

Form 1

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Identification of the Applicant

| | | | |
|---|----------------|-----------------|--|
| Surname | | Given Name(s) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth (Y-M-D) | Place of Birth | Current Address | |
| Previous addresses, if any, within the last 5 years | | | |

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

| | |
|--|------------------------------------|
| Description of the paid or volunteer position | Name of the person or organization |
| Details regarding the children or vulnerable person(s) | |

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Canada A National Police Service of the Royal Canadian Mounted Police

RCMP GRC 3923e (2006-07)

| | |
|------------------------|--------------|
| Signature of Applicant | Date (Y-M-D) |
|------------------------|--------------|

ACCEPTABLE IDENTIFICATION

Two pieces of valid identification must confirm their **name, date of birth and address**. One piece must have a photo.

Any two primary or one each of primary and secondary identification as long as the a/m criteria are met.

PRIMARY

- Driver's Licence
- NB Identification Card
- Birth Certificate
- Canadian Citizenship Identification
- Passport (may be expired)

SECONDARY

- Medicare Card
- Armed Forces Military Identification
- Government employment card
- Police Identification
- POL / PAL Firearms Licence
- Indian Status Card