



**Big Brothers Big Sisters**  
of Peel

**71 West Drive, Unit 23**  
**Brampton, Ontario L6T 5E2**  
**Phone:** (905) 457-7288 **Fax:** (905) 454-0769  
**E-mail:** [info.peel@bigbrothersbigsisters.ca](mailto:info.peel@bigbrothersbigsisters.ca)  
**Website:** [www.bbbspeel.com](http://www.bbbspeel.com)

We use personal information to provide services and to keep you informed and up-to-date on the activities of Big Brothers Big Sisters of Peel including programs, services, special events and opportunities to volunteer or donate.

**BBBSP/BCAC VOLUNTEER MENTOR APPLICATION FORM**

If you have any questions while completing this application, please contact us

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Male  Female

Address (Apt/Street): \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How long at current address? \_\_\_\_\_ Number of adults in household aged 18+ (including yourself) \_\_\_\_\_

Date of Birth: (MM/DD/YEAR) \_\_\_\_\_ (optional)

Age:  15 to 17 years  18 to 24 years  25 years & older

I would like to receive e-mail updates from Big Brothers Big Sisters of Peel. Yes  No

Do you own or have access to a vehicle? Yes  No  If yes, Drivers License #: \_\_\_\_\_

Does your car have passenger-side airbags? Yes  No

Level of automobile insurance coverage?  \$1,000,000;  \$2,000,000; (other amount)\$ \_\_\_\_\_

Have you ever been charged with a traffic violation? Yes  No

(If yes, please explain date(s)/charge/outcome): \_\_\_\_\_

---

**Family:**

Marital Status:  single  separated  common-law  married  divorced  widowed

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

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

How does your partner feel about you becoming a volunteer with Big Brothers Big Sisters of Peel?  
\_\_\_\_\_

---

Are you anticipating any changes in your life in the next year? (e.g. marital status, living arrangements, employment, children, etc.) Yes  No

---

**Employment:**

Are you currently employed? Full Time  Part Time  Self Employed  Retired

Company: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

(Work): \_\_\_\_\_ Ext. \_\_\_\_\_ May we call you at work? Yes  No

Average Weekly Working Hours: \_\_\_\_\_ Shifts: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Time: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Education History:**

Name of Institution	Program	Year Completed	Did You Graduate?

Are you currently a student? Yes  No  (if yes, Full-time  Part-time  )

**How did you learn about Big Brothers Big Sisters of Peel?**

- Street/Bus Sign (please describe) \_\_\_\_\_
- TV/Radio/Newspaper (please describe) \_\_\_\_\_
- Community Display/Poster (please describe) \_\_\_\_\_
- Website (state where if not ours) \_\_\_\_\_
- Former/Current Volunteer (name) \_\_\_\_\_
- Other \_\_\_\_\_

**Volunteer Experience:**

Are you at present (or have you been) a volunteer with other organizations or service clubs?  
Yes  No  If yes, please identify (Organization/Length of time): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to become a volunteer with any Big Brothers Big Sisters Agency? Yes  No   
If yes, where and when? \_\_\_\_\_

Have you had past experiences working or volunteering with children? If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health and Home Environment:**

Have you (had) any physical or emotional illnesses?

Yes  No  If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you in the past, or are you now, involved in counseling or therapy? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you smoke? Yes  No  Do any members of your household smoke? Yes  No

Do you use alcohol regularly? Yes  No  If yes, how frequently? \_\_\_\_\_

\_\_\_\_\_

Have you used illegal drugs in the past year? Yes  No  If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have pets? Yes  No  If yes, please describe (ie. breed): \_\_\_\_\_

Are there any potential safety concerns in your home environment for children? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Other Information:**

Have you ever had police involvement? Yes  No

Have you ever been accused, arrested, convicted or pardoned of a criminal offense? Yes  No

**If yes to either, please explain and provide dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tell Us About Yourself:**

Why, at this point in your life, do you want to mentor a child?

---

---

---

What do you see as your strengths? \_\_\_\_\_

---

---

---

What do you see as your challenges? \_\_\_\_\_

---

---

---

Why do you think that children enjoy being around you? \_\_\_\_\_

---

---

---

Describe a child whom you see yourself spending time with: \_\_\_\_\_

---

---

---

Please describe your interests: (Indoor, Outdoor, Sports, Cultural, Hobbies, Leisure, Special Skills)

---

---

---

***“My Big Brother means the world to me! He has given me everything and has expected nothing in return. He is my mentor, my hero, my brother.”  
- Little Brother***

**Character References Form**



**Volunteer Name (Print):** \_\_\_\_\_ **Program of Interest:** \_\_\_\_\_

**CURRENT EMPLOYER/SUPERVISOR (If known less than 2 years please provide additional character below)**

Supervisor's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**IMMEDIATE FAMILY**

**(Immediate Family i.e. Parent or Sibling –List Spouse/Partner in the Spouse/Partner section if Applicable)**

Name: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**CHARACTER/FRIEND (Not a Family Member) that has known you for at least 2 years**

Name: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**SPOUSE/PARTNER/GIRLFRIEND/BOYFRIEND**

Name: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**If ANY of your references have known you for LESS THAN 2 YEARS,  
Please provide an extra Character Reference in the space below:**

**CHARACTER/FRIEND that has known you for at least 2 years (Not a Family Member or Former Employer)**

Name: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Please accept this as a completed application to be considered as a volunteer with Big Brothers Big Sisters of Peel**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Volunteer Permission and Release Form**

I hereby authorize Big Brothers Big Sisters of Peel 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 Peel 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 Peel 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 Peel, 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 Peel.

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 give permission for Big Brothers Big Sisters of Peel 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 Peel 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 this application and subsequent information in my file is the property of Big Brothers Big Sisters of Peel. I understand that if Big Brothers Big Sisters of Peel 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 75 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

Note: Release to share information with other professionals will expire within one year of the above date.