



Big Brothers Big Sisters
of Peel

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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.

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:

Preference Profile:

Which programs are you most interested in volunteering:

Please List Your Top 3 Programs of Interest

1. _____ 2. _____ 3. _____

Please see information package or website for program details www.bbbspeel.com

- One to One Matching
- Couples For Kids (**please contact office for an application form for the Couples Program**)
- Big Buddies (*Big Sisters for Little Brothers*)
- Group Mentoring Program
- Big Bunch
- Conversation Club (*after-school mentoring program with newcomer youth; volunteers ages 16-25*)
- Jump Math (*math tutoring curriculum for Grades 3 to 8*)

School Based Programs:

- In-School Mentoring
- Go Girls! Healthy Bodies, Healthy Minds (*female volunteers ages 18-25*)
- Game On Eat Smart, Play Smart, Live Smart (*male volunteers only*)
- Between Generations (*volunteers 50+*)

- Other (*committees, events, fundraising, etc.*)

Major Intersection of your home: _____

Major Intersection of your work: _____

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/ 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.