



**Big Brothers Big Sisters  
of Peel**

71 West Drive, Unit 23  
Brampton, Ontario L6T 5E2  
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e-mail: [info@bbbspeel.com](mailto:info@bbbspeel.com)  
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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.

**CONVERSATION CLUB MENTOR APPLICATION FORM**

If you have any questions while completing this application, please contact us, we will be happy to assist you.

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

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

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

How long at current address? \_\_\_\_\_

Are you between the ages of 16-24  Yes  No

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

Word of Mouth (BS, BB, Friend, etc.) \_\_\_\_\_  Newspaper (which paper/article etc.) \_\_\_\_\_

TV/Cable (which station, ad, etc.) \_\_\_\_\_  Radio (which station, ad, etc) \_\_\_\_\_

Signage (street, display, poster location) \_\_\_\_\_  Website (state where if not ours) \_\_\_\_\_

Always known  Other \_\_\_\_\_

**Preference Profile:**

In which of the following areas would you prefer to volunteer? **(Circle all that apply)**

**Brampton**                      **Mississauga**                      **Malton**

**Marital Status:**

single     separated     common-law     married     divorced     widowed

**Education History:**

Name of School	Program	Year Completed	Did You Graduate?

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

**Employment:**

Are you currently employed? Full Time  Part Time  Self Employed

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

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

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

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

**Other:**

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:**

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**Tell Us About Yourself:**

Have you had past experiences working or volunteering with newcomer youth? If yes, please describe:

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What is something you are good at that you will bring towards your mentoring relationship?

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In your opinion what are some of the challenges faced by newcomer youth to Canada?

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

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

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

**PARENT PERMISSION – CONVERSATION CLUB**

**\*COMPLETE ONLY IF APPLICANT IS UNDER THE AGE OF 18.\***

I, \_\_\_\_\_ (parent/guardian) give permission for my son/daughter \_\_\_\_\_ (student's name) to participate as a volunteer mentor in the Conversation Club of Big Brothers Big Sisters of Peel. I understand that my child will be mentoring a newcomer youth for 1 hour per week at the \_\_\_\_\_ I understand the responsibilities of this position. I support my child's involvement as a volunteer Mentor in the Conversation Club.

Parent Name: \_\_\_\_\_

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

Funded by



Citizenship and  
Immigration Canada

Citoyenneté et  
Immigration Canada

**REFERENCES FORM**



**Big Brothers Big Sisters  
of Peel**

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

**CURRENT EMPLOYER/SCHOOL**

Supervisor's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**IMMEDIATE FAMILY (i.e. Parent, Sibling, Aunt, Uncle, Grandparent, Cousin)**

Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**If you cannot provide an Employer/School reference OR if your Employer/School reference has known you for LESS THAN 2 years please provide an additional ADULT Character Reference in the space below:**

**ADULT 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: \_\_\_\_\_

**I give permission for those I have named to be contacted for references for the information I have given to be verified.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



**Big Brothers Big Sisters  
of Peel**

### **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 and Citizenship and Immigration 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

\_\_\_\_\_  
**Signature of Parent (if Applicant is under 18)**

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



**BIG BROTHERS BIG SISTERS OF PEEL/YOUTH CONNECTIONS, CET**

**CONVERSATION CLUB –PHOTOGRAPHY CONSENT**

Big Brothers Big Sisters of Peel respects your privacy and adheres to PIPEDA legislation. The information provided will be used to determine program eligibility 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. For further information about our information-handling practices, please see our privacy policy.

Big Brothers Big Sisters of Peel, Youth Connections and The Centre for Education may at times write articles, or comments of children's and parents' experience with the Conversation Club.

I agree to the taking of photographs which may identify my son/daughter's involvement with the Agency and could mention his/her name in the release of this information. This information could include posting photos on the Agency website, the Agency newsletter, newspaper articles and promotional materials. Every attempt will be made to ensure that only his/her first name will appear in print. I agree that no remuneration, royalties or duties shall be paid to me or expected by me. I release any and all rights which I may have to the said photographs and any information relating to them thereof.

\_\_\_\_\_  
Conversation Club Volunteer Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date