

Dear Applicant:

We are pleased that you are interested in volunteering with Big Brothers Big Sisters of Halton. Our list of young children waiting for a Big Sister or Big Brother grows longer each month. These children need to have a positive role model in their life for the purpose of friendship, support, guidance, activities and fun.

Your first step in becoming a volunteer is to complete the attached application, including the references, medical release and Permission and Release Form and return them to us.

Once we receive your application, we will contact you to set up an interview. This meeting will give you an opportunity to ask any questions you may have, as well as give the staff member an opportunity to get to know you and prepare you for volunteering with us.

There's just one more thing left to do! It is mandatory for us to have on file a police check for you and anyone living in your home 18 years of age or over. (For *Group Recreation* volunteers, a police check is required for applicant only). All police stations in Halton are open Monday to Friday to apply for police checks. Police Headquarters at 1151 Bronte Road is open from 8:00 am to 3:30 pm and all other police stations in Halton (Oakville, Georgetown, Milton and Burlington) are open from 8:30 am to 10:00 pm. You will require two pieces of ID and the cost is \$15.00. Please inform them of your involvement with Big Brothers Big Sisters of Halton **and make sure to check the Vulnerable Sector Screening box on the form when you apply. Your completed police check will be mailed to you.**

We look forward to meeting you and having you as a member of our team. Thanks you once again for your interest in becoming a volunteer with us.

Sincerely,

Enrollment Coordinators - Volunteers  
Big Brothers Big Sisters of Halton



# VOLUNTEER APPLICATION

Date:

Attended Information session  Yes  No      If Yes, Date attended:

Please consider this my formal application to volunteer with Big Brothers Big Sisters of Halton in the following program:

<input type="checkbox"/> Big Brother	<input type="checkbox"/> In-School Mentor	<input type="checkbox"/> Group Recreational
<input type="checkbox"/> Big Sister	<input type="checkbox"/> Study Mentor	<input type="checkbox"/> Go Girls!
<input type="checkbox"/> Couple match	<input type="checkbox"/> First Mentor	<input type="checkbox"/> Committees
	<input type="checkbox"/> Club Supervisor	

Full Name:		
Address:		
City:		Postal Code:
Length of time at this address		How long have you lived in the area?
Home Phone:	Work Phone:	Cell#
May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, during what hours do you work?
E-mail Address:		

One-to-one matching, Couples, and Group Volunteers must be 19 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No
In-School Mentoring Volunteers must be 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No

If you are interested in the Couples Matching Program, how many years have you been in your relationship? \_\_\_\_\_ years (*Your partner will also need to complete an application*)

Where did you hear about our agency/programs?			
<input type="checkbox"/> Television	<input type="checkbox"/> Special Events	<input type="checkbox"/> Website	
<input type="checkbox"/> Radio	<input type="checkbox"/> Friends/Relative	<input type="checkbox"/> Brochure	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Billboard/Bus Shelter	<input type="checkbox"/> Other	
<input type="checkbox"/> Current volunteer	<input type="checkbox"/> Former Littles	<input type="checkbox"/> Always known	

Have you ever been, or applied to be, a volunteer with a Big Brother/Big Sister agency in the past?  
 Yes  No

If yes, where and when?

Why do you want to become a volunteer in your chosen program?

What are your hobbies and interests?

What age of Child do you think you would be interested in working with?

5 -7  8 -10  11 -13  14+  Not sure

Do you have a valid driver's license?  Yes  No

Do you have access to a vehicle?  Yes  No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

A minimum of \$1,000,000 auto liability coverage is recommended

### Medical Conditions

Do you have any serious or life threatening medical conditions? Please list

Are you taking any medications that may adversely affect your ability to volunteer?

For example driving  Yes  No

If Yes, please explain



REFERENCES PLEASE PROVIDE COMPLETE INFORMATION
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Please notify your references making them aware we will be contacting them  
All references must have known the applicant for at least two years

1. Character Reference

Name:		E-mail:	
Address:			
City:	Prov:	Postal Code:	
Home Phone #	Business Phone #		Ext.
How long have you known this person?		In what capacity?	

\*2. Employment/Volunteer Work Reference

Name:		Company:	
Address:			
City:	Prov:	Postal Code:	
Business Phone #		Ext.	
How long have you known this person?		In what capacity?	

<b>*If you are not currently employed, are self-employed, or have never previously volunteered, please provide a second character reference in the above space (#2)</b>
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3. Family Reference

Name:		E-mail:	
Address:			
City:	Prov:	Postal Code:	
Home Phone #	Business Phone #		Ext.
How long have you known this person?		In what capacity?	

I grant permission to Big Brothers Big Sisters of Halton to contact the above references.  
This information is true to the best of my knowledge.

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**Big Brothers Big Sisters  
of Halton**

## Confidential Release of Medical Information

Physician's Name:	
Physician's Address:	
City:	Postal Code:
Office Phone:	

I hereby authorize the above named physician to release to BIG BROTHERS BIG SISTERS OF HALTON (The "Agency") pertinent information required to process my application as a volunteer with this Agency.

Applicant's Name:	
Applicant's Address:	
City:	Postal Code:
Home Phone:	Business Phone:

I understand that all information received will be treated as strictly confidential and will be used for the sole purpose of determining my suitability as a Big Sister/Big Brother or as a Group Volunteer.

A photocopy of this Authorization shall have the same validity as the original.

Applicant Signature:	Date:
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**Big Brothers Big Sisters  
of Halton**

**VOLUNTEER PERMISSION  
& RELEASE FORM**

I hereby authorize BIG BROTHERS BIG SISTERS OF HALTON 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. BIG BROTHERS BIG SISTERS OF HALTON reserves the right to request more references.

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 HALTON 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 HALTON 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 HALTON, 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 HALTON.

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 HALTON to release pertinent information regarding my file to the parent/guardian/school 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 HALTON 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 HALTON. I understand that if BIG BROTHERS BIG SISTERS OF HALTON 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 will be 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: This form will be reviewed with you in person by an Enrollment Coordinator