

Please note: Volunteers who are applying to the Big Brother Big Sister or Couple program must submit a Vulnerable Sector Criminal Record Check for all members in the household over the age of 19 years.

Please list all members of your household.	
Relationship to you	Age

Why do you want to become a volunteer in your chosen program?
What are your hobbies and interests?

What age of Child are you interested in working with?
<input type="checkbox"/> 5 -7 <input type="checkbox"/> 8 -10 <input type="checkbox"/> 11 -13 <input type="checkbox"/> 14+ <input type="checkbox"/> Not sure

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the Make, Model and year of your primary vehicle:

Insurance Company: _____ Policy Number: _____
A minimum of \$1,000,000 auto liability coverage is required for those transporting children.

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, e.g., driving?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain



**REFERENCES
PLEASE PROVIDE COMPLETE INFORMATION**

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 Reference

**If you are not currently employed, are self-employed, or have not volunteered in the past,
please provide a second 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?	

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.

Applicant Signature:	Date:
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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 and agree that all information collected will be treated as confidential and used for the sole purpose of determining my suitability as a Big Sister, Big Brother, Couple or Group Recreation Volunteer. A photocopy or fax of this medical release shall have the same validity as the original.

Applicant Signature:	Date:
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**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 75 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