



VOLUNTEER APPLICATION

Date:

Attended Information session Yes No If Yes, Date attended:

*Kindly provide a resume/CV with your completed application.

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"/> Big Sister	<input type="checkbox"/> In-School Mentor	<input type="checkbox"/> Adventure Canada
<input type="checkbox"/> Couple match/Big Family	<input type="checkbox"/> Go Girls!	<input type="checkbox"/> Homework Club	
<input type="checkbox"/> Group Recreation	<input type="checkbox"/> Game On!	<input type="checkbox"/> Other	

Full Name:		
Address:		
City:	Postal Code:	*Birth Date:
Length of time at this address		How long have you lived in the area?
Home Phone:	Work Phone:	Cell Phone:
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:		
Please note: all volunteers are required to be able to converse comfortably in English.		

Big Brother Big Sister, Couple* and Group Recreation Volunteers must be 19 years or older.
 *Couples must have been together for a minimum of 2 years

In-School Mentoring, Go Girls! and Game ON, and Homework Club Adult Volunteers must be 18 years or older (Go Girls! and Game On! volunteers must be under 30 years).

Adventure Canada Club & Homework Club volunteers must be in Grade 9 or higher.

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?

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 Little's	<input type="checkbox"/> Always known

* Optional



Please note: Volunteers who are applying to the Big Brother/Big Sister Program or Couple Match Program may be asked to provide a Vulnerable Sector Criminal Record Check for all members in the household who are over the age of 18 years.

Please list all members of your household.		
Name	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.
Does your vehicle have passenger-side air bags? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Conditions
Do you have any serious or life threatening medical conditions? Allergies? 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

Does your employer have an Employee Volunteer Incentive Program? <input type="checkbox"/> Yes <input type="checkbox"/> No



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. Significant Other Reference

If no Significant Other exists, a Family Reference is required.

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

2. Volunteer experience working with children or seniors

If you have not volunteered in the past, please provide an Employment or Teacher 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. Personal 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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VOLUNTEER PERMISSION & RELEASE AGREEMENT

TO: BIG BROTHERS BIG SISTERS OF HALTON (THE “AGENCY”)

In connection with my application to volunteer with the Agency (“**Volunteer Application**”), I provide and state as follows:

1. Acknowledgement and Consent.

By signing this Agreement, I acknowledge, understand and accept that:

- (a) There is no obligation on the Agency to accept my Volunteer Application or assign me as a volunteer into a mentoring program (a “**Mentoring Program**”);
- (b) There is no obligation on the Agency to provide a reason for the denial of my Volunteer Application or assignment as a volunteer into a Mentoring Program;
- (c) There is no obligation on the Agency to provide me with a reason or prior notice for terminating my involvement in a Mentoring Program;
- (d) If I am accepted as a volunteer, my involvement in a Mentoring Program is not intended to create and shall not be construed as creating either an employee–employer relationship or a contract for services that would allow me to receive a salary, compensation or any benefits, monetary or otherwise; and
- (e) The Agency and Big Brothers Big Sisters Canada (“**BBBSC**”) are separate entities and this Agreement is between me and the Agency.

2. Volunteer Position Description, Codes of Conduct and Confidentiality Agreement. If I am accepted into a Mentoring Program, I agree to abide by the volunteer position description(s) and code(s) of conduct established by the Agency, including any applicable guidelines, Standards and policies which the Agency may introduce and change from time to time in its sole discretion. As a condition of being a volunteer, I acknowledge that I will first have to enter into a confidentiality agreement with the Agency.

3. Background Check. For the purpose of considering my Volunteer Application, I consent to the Agency:

- (a) Contacting the references, in confidence, included in my Volunteer Application;
- (b) Conducting a criminal and other relevant background checks; and

Collecting information from any Big Brothers Big Sisters agency with which I am, or was formerly involved, including a Big Brothers Big Sisters agency in another country with which I am, or was formerly involved.

4. Collection and Use of Personal Information.

I consent to the collection and use by the Agency of my personal information for the purpose of evaluating and considering my Volunteer Application (including as described in this Agreement) and, if accepted into a Mentoring Program, for the purpose of administering the Mentoring Program. I consent to the Agency using my personal information to periodically keep me informed about the Agency, BBBSC and BBBSC’s member agencies, including programs, services, opportunities to volunteer, events, funding needs and membership benefits. I understand that I can withdraw my consent to the receipt of promotional information from the Agency at any time by contacting the Agency.



I further understand that the Agency will retain the information in my file, including my personal information, for a period of 75 years from the date I cease to be involved with the Agency, after which time my file will be destroyed. Examples of personal information collected by the Agency include: (i) name, (ii) phone number(s); (iii) date of birth, (iv) contact address, (v) driver's license and auto insurance information, and (vi) agency(ies) applied to and notice(s) of acceptance, rejection or withdrawal.

5. **Disclosure of Personal Information**

If I am accepted into a Mentoring Program, I consent to the Agency disclosing any relevant information, including any personal information held by the Agency, to:

- (a) The parent(s) and/or guardian(s) of a child with whom the Agency may consider "matching" me in a Mentoring Program. If I am considered for a site-based Mentoring Program, I consent to the Agency disclosing any relevant information, including any personal information held by the Agency, to representatives of the respective school or institution;
- (b) BBBSC, and to the Agency's and BBBSC's insurers and/or legal counsel, as may be appropriate in connection with any legal proceeding, inquiry, or risk thereof; and
- (c) Authorized representatives of BBBSC during and in connection with periodic agency accreditation reviews.

I also acknowledge and agree that in the event the Agency ceases operations, any and all information about me held by the Agency will be disclosed to BBBSC, a BBBSC agency selected by BBBSC, or both. I consent to that disclosure and to the use of that information by BBBSC, the BBBSC agency selected by BBBSC, or both in accordance with the rights granted to the Agency under this Agreement.

6. **Personal Vehicles and Property**

If I am accepted as a volunteer in a Mentoring Program, I understand that neither BBBSC nor the Agency insures personal vehicles or property belonging to volunteers and that use of my personal vehicle(s) and property in connection with my participation in a Mentoring Program is at my own risk. I agree that I am solely responsible for my personal property and vehicle(s).

7. **Assumption of Risks and Waiver of Claims**

If I am accepted as a volunteer in a Mentoring Program, I agree that this Agreement constitutes an unqualified assumption of all risks, dangers and hazards associated with my work and participation as a volunteer in the Mentoring Program and my association with BBBSC or the Agency.

I release BBBSC, the Agency, and their respective directors, officers, employees, volunteers, agents and representatives (the "**Releasees**"), from any and all actions, causes of action, suits and all other claims whatsoever (the "**Claims**"), that I have or may have in the future against the Releasees, relating to or arising in connection with my Volunteer Application, the acceptance or denial of my Volunteer Application, my participation in a Mentoring Program, the Alumni Program, and/or my association with the Agency or BBBSC.



Indemnity

I will defend, indemnify and hold harmless the Releasees from all Claims of any kind relating to or arising in connection with my negligence or any act or omission of mine relating to or arising in connection with my participation in a Mentoring Program or my association with the Agency or BBBSC, including but not limited to the injury, illness, disability or death of any other person(s) and/or damage to or loss of their property or the property of the Releasees, and against all damages, costs, expenses and fees (including without limitation, reasonable legal expenses), losses, fines or penalties incurred by or on behalf of the Releasees in the investigation or defence of any and all Claims; provided that:

- (a) the Releasees shall be entitled to participate in the defence of such claim and to employ counsel at my expense to assist in the handling of any Claim;
- (b) I will obtain the prior written approval of the Releasees before entering into any settlement of any Claim or ceasing to defend against any Claim; and
- (c) where I fail to acknowledge my indemnification obligation or to assume the defence of any Claim in a timely manner, the Releasees shall have the right to defend the Claim in such manner as they may deem appropriate, at my cost and expense (including payment of any judgment or award and the costs of settlement or compromise of the Claim).

8. Other Terms of this Agreement

- a) In entering into this Agreement, I am not relying on any oral or written representations other than as set forth in this Agreement.
- b) This Agreement shall be governed by and construed pursuant to the laws of the Province or Territory in which the Agency is located.
- c) In the event that any provision or term of this Agreement is held to be invalid, illegal or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
- d) The provisions of this Agreement shall be binding upon me and my heirs, executors, administrators and legal representatives and shall enure to the benefit of and be enforceable by the Agency and BBBSC, and their successors and assigns.

9. Residency and Age Requirement

I declare that I am a legal resident of Canada. I acknowledge and agree that if I have not reached the age of majority of the Province or Territory in which I reside, my parent or legal guardian will also need to sign this Agreement in order for my Volunteer Application to be considered.

10. I understand that I am a voting member of the agency once I have volunteered in excess of 30 hours in the fiscal year and am over the age of 18 years of age.

11. Email Communication

Big Brothers Big Sisters of Halton uses email as the primary form of communication between the Agency and its volunteers. By checking the box you hereby agree to receiving emails from the Agency.



12. **Media Consent**

PLEASE CHECK IF APPROPRIATE:

YES - I hereby consent to Big Brothers Big Sisters of Halton to use any photographs, audio and/or video recording of myself as taken or produced by media personnel and/or Association Members and/or Association Staff for the purpose of publicizing and promoting the work of the Association. I further waive any claim which I may have against Big Brothers Big Sisters of Halton arising from the use of such photographs, audio and/or video recordings of myself, as aforesaid.

This consent and waiver shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of Halton unless otherwise revoked.

NO - If I am accepted as a volunteer in a Mentoring Program, I **do not** authorize the Agency to display, exhibit or otherwise communicate to the public my involvement as a volunteer for the purpose of publicizing the Mentoring Programs.

IMPORTANT: I acknowledge that I have read the terms of this Agreement, have been given an opportunity to obtain independent legal advice, and understand that it represents a waiver of certain legal rights, including the right to sue. I further agree that such limits are reasonable and sign this Agreement freely, voluntarily and without duress.

Signature of Witness

Witness Printed Name

Date

Signature of Witness

Witness Printed Name

Date

Signature of Applicant

Applicant Printed Name

Date

Signature of Parent or Legal Guardian
(if required)

Parent or Legal Guardian Printed Name
(if required)

Date