

## Volunteer Application Form

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

<b>CONTACT INFO</b>	<p>Full Name: _____</p> <p>Address: _____</p> <p>Postal Code: _____ Email: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, work hours: _____</p>
<b>PROGRAM</b>	<p>Please consider this my formal application to volunteer with Big Brothers Big Sisters of Guelph in the following program:</p> <p> <input type="checkbox"/> One-to-One Big Brother / Big Sister            <input type="checkbox"/> In-School Mentor            <input type="checkbox"/> Go Girls! (Age 18-25)  <input type="checkbox"/> Group Big Brother / Big Sister            <input type="checkbox"/> Couples Match *  <input type="checkbox"/> Unsure       </p> <p style="text-align: right;">* Number of years in relationship: ___ yrs.  <b><i>Both people must fill out an application</i></b></p>
<b>AGE</b>	<p>Big Brothers Big Sisters of Guelph volunteers must be 18 years or older.</p> <p>Are you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>GENERAL INFORMATION</b>	<p>Have you applied to be a volunteer with a Big Brothers Big Sisters agency in the past? If so, where?</p> <p>_____</p> <p>How did you hear about the Big Brothers Big Sisters Agency?</p> <p> <input type="checkbox"/> TV                      <input type="checkbox"/> Friend/Relative                      <input type="checkbox"/> Website                      <input type="checkbox"/> I've always known  <input type="checkbox"/> Radio                      <input type="checkbox"/> Newspaper                      <input type="checkbox"/> Special Event                      <input type="checkbox"/> Billboard/Bus Shelter  <input type="checkbox"/> Former Little                      <input type="checkbox"/> Current Volunteer                      <input type="checkbox"/> Other: _____       </p>

**All applicants** must complete the following 3 references:

*(All references given must have known applicant at least 2 years.)*

**1. Character Reference**

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Years known: \_\_\_\_\_ In what capacity? \_\_\_\_\_

*\* For those volunteering as a couple, this is a joint reference and therefore the person listed must be the same for both partners.*

**2. Employment/Volunteer Work Reference** (If you have recently changed jobs, please list your former employer.)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Years known: \_\_\_\_\_ In what capacity? \_\_\_\_\_

**3. Family Reference** (Please use someone who knows you very well. *Please use immediate family*)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Years known: \_\_\_\_\_ In what capacity? \_\_\_\_\_

**One-to-One, Couple and Group applicants only;** Complete the following additional reference:

**4. Character Reference**

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Years known: \_\_\_\_\_ In what capacity? \_\_\_\_\_

The information in this application is true to the best of my knowledge. I hereby waive the right to request disclosure of the personal information given about me by the individuals indicated above.

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

**To be completed by One-to-One, Couple and Group Volunteers only.**

### Consent to Release of Information

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby authorize the above named physician to release in confidence to Big Brothers Big Sisters of Guelph any information required pertinent to my application to become an active volunteer in this organization. I waive the right to request disclosure of the reference information given about me by the physician indicated.

Applicant's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

(Day    Month    Year)

## **To all volunteer applicants:**

### **Police Checks – City of Guelph residents**

In order to satisfy our requirements for Police Checks, you must complete the Guelph Police Service forms in person at the Big Brother Big Sister agency. You will be required to present suitable identification to ensure that you are the person named on the form. The agency will then have your check processed by the Guelph Police Service. If your check reveals no convictions, it will be returned directly to the Big Brothers Big Sisters office. If there is a record, the Police department will call the volunteer to pick up the form personally. The Guelph Police Service provides this service at no cost for volunteers.

### **Family & Children's Services Check**

Please complete the enclosed form and return it with your application to the Big Brothers Big Sisters office. Family & Children's Services may notify you if there is a record. Otherwise, we will assume there are no concerns, and continue with your application.

### **Please note:**

A witness, over the age of eighteen, is required to sign the Family & Children's Services form.

***Both*** of these record checks are necessary to complete your application.

Thank you for your co-operation.



**Volunteers:** Please read the following carefully before signing. If you would like further explanation, please call Big Brothers Big Sisters of Guelph at (519) 824-5154.

## **Volunteer Permission and Release Form**

I hereby authorize Big Brothers Big Sisters of Guelph 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 reference given about me.

I further authorize any individuals, firms, corporations, government or other regulatory departments to release information and copies of documents pertaining to myself to Big Brothers Big Sisters of Guelph 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 Guelph 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 Guelph, 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 Guelph.

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 Guelph 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 the 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 Guelph 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 related 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 Guelph. I understand that if Big Brothers Big Sisters of Guelph 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 closure of my final match.

The implications of the waiver have been explained to me. I understand and consent to the above and 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 individuals outside of the BBBS movement will expire within one year of the above date.