



Volunteer Application Form – For Volunteers Aged 15-18

Additional info on our website: www.bbbsvictoria.com

Options for Submitting Your Application:

- All Applicants:**
Return by Fax, Mail, or Drop-Off to:
BBBS Program Assistant
230 Bay St. Victoria BC V9A 3K5
Phone: 250.475.1117 ext. 40 Fax: 250.475.1197
- Students in Teen Mentoring may also:**
Return to the Program Liaison in your school

Big Brothers Big Sisters of Victoria supports diversity and welcomes applicants of any race, religion, culture, gender, or sexual orientation.

Personal Information

| | | | |
|-------------------------------|---------------------------------|---|--|
| Name: | | Date of Birth: Month/Day/Year | |
| Gender: (Check One) | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgendered |

Current Address/Contact Information

| | | | |
|---|--|---|--|
| Home Address: | | Postal Code: | |
| | | | |
| Mailing Address (if different): | | | |
| Home Phone: | | Cell Phone: | |
| Work Phone: | | Do not call at work: <input type="checkbox"/> (check) | |
| Email: | | | |

You may hear from us with information about BBBS events, newsletter, activity ideas, free tickets, etc. (Big Brothers Big Sisters Victoria does not sell or share your information with other organizations/businesses) However, if you **DO NOT** want to receive any information from us, check here:

Programs of Interest? (Check All) *See our brochure or website for complete program descriptions*

- Teen Mentoring** (for teens attending participating Secondary Schools: eg Belmont, Edward Milne, Gulf Island Secondary)
- Big Buddies** (for teens not attending a participating Secondary School but who want to be part of in-school mentoring)

If you are applying for more than one program, which is your preference? _____

Source of Inquiry (Check One)

- Brochure Website Radio Newspaper Television
- Referred by current volunteer Alumni Was formerly a Little
- Referred by former volunteer Friend/Relative Other: _____
- Info Booth (location): _____ Special Event: _____

| Cultural Background : | | |
|---|---|--|
| Your response to the following question is voluntary. Information will be used for statistical purposes only. | | |
| <input type="checkbox"/> English Canadian | <input type="checkbox"/> American | <input type="checkbox"/> Middle Eastern Cultures |
| <input type="checkbox"/> French Canadian | <input type="checkbox"/> Asian Cultures | <input type="checkbox"/> East Indian |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> African Cultures | <input type="checkbox"/> European |
| <input type="checkbox"/> Métis | <input type="checkbox"/> Latin, Central, South American | <input type="checkbox"/> Other: |

| | |
|--|--|
| Languages Spoken: (in addition to English) | |
|--|--|

| School/Employment Information (check all): | | |
|--|--|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Employed, part-time | <input type="checkbox"/> Employed, full-time |
| Name of School: | Place of Work: | Occupation/Title: |
| | | |

| Vehicle & Insurance (if you plan to drive to the Elementary School where you will be mentoring) | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Do you own or have access to a vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Possibly |
| Do you have a minimum of \$2 million liability insurance coverage on the vehicle(s) you may drive to/from mentoring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| *Note: \$2 million liability coverage is recommended as a <i>minimum</i> by most insurance companies. If you currently carry less liability insurance, we strongly encourage you to increase your coverage. | | | |

Media Consent (as we often use photos of Bigs and Littles in our newsletter, to promote programs, etc.)

Should I become a volunteer with Big Brothers Big Sisters, I consent to photographs, audio, and/or video recordings of myself as well as my personal circumstances being published for publicity purposes. I waive any claim which I may have against Big Brothers Big Sisters of Victoria arising from the use of such photographs, audio and/or video recordings of myself.

This consent and waiver shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of Victoria unless revoked. I acknowledge it is my responsibility to notify the office if the status of this media release changes.

Teen Volunteer Signature **Printed Name** **Date**

Parent/Guardian Signature **Printed Name** **Date**

Or, if you **DO NOT** want your picture (or if parent/guardians do not want their child's picture to be used), please check here:

References

As part of the application process, BBBS Victoria requires reference checks on all applicants. References will receive a brief questionnaire to complete by e-mail, fax, mail, and/or over the phone.

References must be at least 19 years old and have known you for at least 2 years.

If your School Reference has known you *less than 2 years*, please submit anyway.

A character references is anyone other than a family member who knows you well (e.g. Family Friend)

Please provide FULL contact information including postal code. Providing email addresses is very helpful. Please contact your references to let them know we will be contacting them and please ensure they get back to us.

School Reference

Name: _____ School Name: _____
 School Phone: _____ School Fax: _____
 Email: _____
 Years Known You: _____ Relationship to You: _____

Family Member

Full Name: _____
 Home Phone: _____ Cell/Work Phone: _____
 Address: _____ City, Province: _____
 Postal Code: _____ Email: _____
 Years Known You: _____ Relationship to You: _____

Character Reference

Full Name: _____
 Home Phone: _____ Cell/Work Phone: _____
 Address: _____ City, Province: _____
 Postal Code: _____ Email: _____
 Years Known You: _____ Relationship to You: _____

2nd Character Reference

Full Name: _____
 Home Phone: _____ Cell/Work Phone: _____
 Address: _____ City, Province: _____
 Postal Code: _____ Email: _____
 Years Known You: _____ Relationship to You: _____

Permission and Release Form

I hereby authorize Big Brothers and Big Sisters to contact any or all of the references that I have provided herein, as well as any references I may provide at will in the future (such as a medical reference, should I be asked for one), 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 acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers Big Sisters of Victoria is under no obligation to accept or assign me as a volunteer in their programs, and is not obligated to provide a reason.

If I am matched, I will abide by the job description and code of conduct related to my volunteer position. I agree to abide by the confidentiality guidelines of the Agency.

I also give permission for Big Brothers Big Sisters of Victoria to release pertinent information regarding my file to the child's school and/or parent in the process of match selection. Further, I agree to allow my file to be viewed by an Agency Reviewer for Big Brothers Sisters of Canada, at the time of the agency review, should it be requested. I further grant the Agency permission to release my name, date of birth, address, agency applied to and notice of acceptance or rejection to Big Brothers Sisters of Canada and for pertinent facts related to my status to be shared within the movement, but not outside of it.

I understand that this application and subsequent information in my file is the property of Big Brothers Big Sisters of Victoria and that if the Agency closes, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained for a period ending 75 years after the close of my final match.

I hereby release and forever discharge Big Brothers Big Sisters of Victoria, 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 the Agency.

The implications of this waiver are clear to us and we have had the opportunity to seek clarification if we should choose to. We understand and consent to this waiver and agree that this waiver, as well as this application, has been made of our own free will and without duress.

Teen Volunteer Signature

Printed Name

Date

In addition, as parent/guardian, I give my permission for my child to participate as a volunteer mentor in Big Brothers Big Sisters of Victoria mentoring programs for teens aged 15-18 years.

Parent/Guardian Signature

Printed Name

Date

Thank you for taking the time to fill out an application for Big Brothers Big Sisters of Victoria!

Note: Release to share information with individuals outside the BBBS movement will expire within one year of the above date.

FOR OFFICE USE:

Date Received (Month/Day/Year):

Received By (initials):

Last revised September 9, 2009