



Volunteer Application Form –  
For Volunteers Aged 19+

Please Return by E-Mail, Fax or Drop Off To:

Candace Sikorski  
Mentoring Coordinator

Phone: 250.931.1177 Fax: 250.475.1197

E-mail: [saltspring@bbbsvictoria.com](mailto:saltspring@bbbsvictoria.com)

Additional info on our website: [www.bbbsvictoria.com](http://www.bbbsvictoria.com)

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

**Personal Information**

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

**Current Address/Contact Information**

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

You may hear from us with information about our events, newsletter, activity ideas, free tickets, etc.

(We will never sell or share your information with other organizations/businesses)

However, if you **DO NOT** want to receive any information from us, check here:

**Program of Interest?**

**\*See our brochure or website for program descriptions\***

**In-School Mentoring – Adult** (for any adult aged 19+)

You may be aware that we also run **In-School Mentoring – Teen** in which youth aged 15-18 can mentor a child! If you are applying for this program, please use our Application Form For Volunteers Aged 15-18 Years. If you know a teen who may be interested, please tell them!

**Availability**

Are you available for 1 hour/week during elementary school time? (Mon-Thur 8:30-3)  Yes  No

Provide any additional or specific details about your availability:

**Available until:**

End of this School Year (June)

Also Available 2011-2012 School Year  
(or plan to be)



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**Source of Inquiry (Check One)**

<input type="checkbox"/> Brochure	<input type="checkbox"/> Website	<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television
<input type="checkbox"/> Referred by current volunteer	<input type="checkbox"/> Alumni	<input type="checkbox"/> Was formerly a Little		
<input type="checkbox"/> Referred by former volunteer	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Info Booth (location): _____		<input type="checkbox"/> Special Event: _____		

**Cultural Background (Check One)**

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)

**Employment Information**

<b>Employment Status (Check One):</b>					
<input type="checkbox"/> Employed, full-time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student (Provide School Name):			
<input type="checkbox"/> Employed, part-time	<input type="checkbox"/> Stay at home parent				
<input type="checkbox"/> Employed, self-employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other:			
<b>Employer Name:</b>					
<b>Length of Current Employment or Unemployment (Circle One):</b>	0-6 Months	7-12 Months	13-24 Months	25 Months or More	Not Applicable
<b>Occupation/Title:</b>					

**Education Information**

<b>Highest Level of Education (Check One):</b>		
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Certificate	<input type="checkbox"/> Masters
<input type="checkbox"/> Middle/Junior High School	<input type="checkbox"/> Some Post-Secondary	<input type="checkbox"/> PhD
<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Other:
<b>Area Studied/Specialty:</b>		



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**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,  
(Print Full Name)

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Or, if you **DO NOT** want your picture to be used, please check here:

**ALMOST DONE! PLEASE CONTINUE TO NEXT PAGE....**



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**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.

A character references is anyone other than a family member who knows you well.

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.

**Current or Previous Employer/Volunteer Reference**  
(Also acceptable: Professor Reference, Business Partner Reference, Business Client Reference)

Full Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ 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: \_\_\_\_\_



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**Permission and Release Form**

I hereby authorize Big Brothers and Big Sisters of Victoria 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 my application to volunteer is approved, I will abide by the job description and/or code of conduct related to my volunteer position. I also agree to abide by the confidentiality guidelines of the Agency.

I also give permission for the Agency to release pertinent information regarding my file to the child’s parent (for community-based program) or the child’s school (or school-based programs) 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 Big Brothers Big Sisters of Victoria 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 me and I have had the opportunity to seek clarification if I should choose to. I understand and consent to this waiver and agree that it, as well as my application, has been made of my own free will and without duress.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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):