



## Volunteer Application Form – For Volunteers Aged 15-18

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

### Options for Submitting Your Application:

- 1. Return by Fax, Mail, or Drop-Off to:**  
Candace Sikorski  
Mentoring Coordinator  
Phone: 250.931.1177 Fax: 250.475.1197  
[saltspring@bbbsvictoria.com](mailto:saltspring@bbbsvictoria.com)
- 2. Students at GISS may also:**  
Return directly to Mr. Marshall

Big Brothers Big Sisters of Victoria supports diversity and welcomes applicants of any race, religion, culture, gender, or 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 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\*

- In-School Mentoring - Teen** (for teens who are attending Gulf Island Secondary School)
- In-School Mentoring - Big Buddies** (for teens not attending GISS but who still want to participate in the program)

#### 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: \_\_\_\_\_



**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, Coach, etc)

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 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 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 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, 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 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!

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