



## VOLUNTEER APPLICATION

Date of Application: \_\_\_\_\_

Please consider this my formal application to volunteer with BBBS in the following program:

- Big Sister**   
  **Big Brother**   
  **Friend for a Day**   
  **In-School Mentor**   
  **Teen In-School Mentor**  
 **Full Circle Teen Mentor**   
  **Full Circle Adult Mentor**   
  **Administrative Volunteer**   
  **Couples Match**

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

DOB(M-D-Y) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Culture/Ethnicity \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

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

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

How Long at current Address: \_\_\_\_\_

Previous Address if less than 1 year: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have access to a vehicle? \_\_\_\_\_ If Yes, Driver's Licence Number: \_\_\_\_\_

How much third party liability coverage do you have? \_\_\_\_\_

What (or who) prompted you to apply to Big Brothers Big Sisters?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Current Volunteer</b>  | <input type="checkbox"/> <b>Former Volunteer</b>  | <input type="checkbox"/> <b>Friend/Relative</b>    |
| <input type="checkbox"/> <b>Referred by little</b> | <input type="checkbox"/> <b>Alumni</b>            | <input type="checkbox"/> <b>Billboard/Business</b> |
| <input type="checkbox"/> <b>Brochure</b>           | <input type="checkbox"/> <b>Information Booth</b> | <input type="checkbox"/> <b>Newspaper</b>          |
| <input type="checkbox"/> <b>Radio</b>              | <input type="checkbox"/> <b>Television</b>        | <input type="checkbox"/> <b>Website</b>            |
| <input type="checkbox"/> <b>Special Event</b>      | <input type="checkbox"/> <b>Word of mouth</b>     | <input type="checkbox"/> <b>Other</b>              |



If you could be more specific about what prompted you to apply that would really help us to know what marketing is most helpful for our organization: (ie: The Calgary Herald, Fan 960, TV commercial)

Have you ever applied to any Big Brothers Big Sisters agency before?  Yes  No

If yes, Where: \_\_\_\_\_ When: \_\_\_\_\_

Why do you want to become a volunteer in the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other clubs, organizations, or associations you are involved with:

What are your interests, hobbies or activities?

**EDUCATION**

Are you currently attending school?  Yes  No      If Yes:  Full Time  Part Time

Please indicate your highest level of education completed: \_\_\_\_\_

High School     Trade     University     College     Other

If attending High School, please indicate current Grade: \_\_\_\_\_

Please name the school you are enrolled in: \_\_\_\_\_



**EMPLOYMENT**

Are you currently employed?  Yes  No

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

May we Contact you at Work?  Yes  No

Length of time at present employment: \_\_\_\_\_

Full Time  Part Time  Contract  Shift Work

Working Hours: \_\_\_\_\_

**FAMILY/HOUSEHOLD**

Marital Status:  Single  Married  Divorced  Separated  Common-Law  Widowed

Do you live with others?  Yes  No

If Yes, please fill out the section below:

Name of Resident (first and last)	Age	Relationship to Individual

**OTHER**

Have you ever been in trouble with the police?  Yes  No

If Yes, please explain and provide dates:

Have you ever been accused, convicted or pardoned of a sexual offense involving a child?  Yes  No

Are you expecting any changes in your life in the next year that may impact your match (eg. Marital status, living arrangement, employment, children, etc.?)  Yes  No

Please Specify: \_\_\_\_\_

**The above information is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



**VOLUNTEER REFERENCE LIST**

**Personal Reference (must have known the applicant for at least two years)**

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

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**Vulnerable sector Reference<sup>1</sup> (if no volunteer or paid experience exists in the vulnerable sector within the last five years, an employment reference is required)**

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

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**Significant Other (if no significant other exists, a family reference is required)**

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

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

This information is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_