



Volunteer Application Form

Big Brothers of Greater Vancouver embodies the principles of diversity and welcomes participation regardless of race, religion, culture or sexual orientation.

Please **choose the program** (check the box)

Big Brothers <input type="checkbox"/>	In-School Mentoring (ISM) <input type="checkbox"/>
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Please **rank the area** in which you are most interested in volunteering.
Enter 1 and 2 in the boxes below to indicate your first and second choice.

Vancouver West <input type="checkbox"/>	Vancouver East <input type="checkbox"/>	Richmond <input type="checkbox"/>	Burnaby <input type="checkbox"/>	Tri-Cities <input type="checkbox"/>
New Westminister <input type="checkbox"/>	Surrey/Delta <input type="checkbox"/>	North Shore <input type="checkbox"/>	Sunshine Coast (ISM only) <input type="checkbox"/>	

Name: _____ Birth date: _____
First Name Last Name Month / Day / Year

If you have changed your name since birth, what was your original name? _____

Current Address: _____
Suite Street Address City Postal Code

Have you lived at your current address for more than six months? Yes No

Permanent Address: _____
(If different from above) Suite Street Address City Postal Code

Phone: (_____) _____ (_____) _____ (_____) _____
Home Work Cell or Messages

E-mail address: _____

Preferred method of contact during the day: Home Phone Work Phone Cell Phone Email

Have you lived outside of Canada in the past two years? Yes No

If yes, where? _____ When? _____

Status/Citizenship: _____ Other citizenship: _____

Can you be contacted at work? Yes No Are you on shift work? Yes No

Do you have a car? Yes No Driver's License # _____

Languages spoken: _____

Present Employer: _____

Your Position: _____ How long have you worked here? _____

Are you a student? _____ Where? _____ Faculty/Program: _____

Please list your leisure time interests and activities (e.g. clubs, sports, hobbies, special interests)

Why do you want to volunteer?

How did you hear about Big Brothers of Greater Vancouver (i.e. newspaper ad, Volunteer Vancouver, referral from another volunteer, etc.)?

We ask our volunteers to make an initial commitment of **one year**. Please check the box to confirm your understanding.

Involvement with Other Agencies

1. Have you previously been, or applied to be, a volunteer with another Big Brothers Big Sisters agency?

Yes ___ No ___ Where: _____ When _____

Contact Person: _____

2. Have you ever been involved with children (other than Big Brothers Big Sisters) as a volunteer or paid employee (i.e. Boys & Girls Club, Scouts, teacher, etc.)? Yes ___ No ___

Agency Name: _____

Address: _____

Contact Person: _____ Phone (____) _____ Fax (____) _____

I was involved from _____ to _____

Emergency Contact Information

Please provide information for a close friend or family member we may contact in the event of an emergency.

Emergency Contact Name: _____

Relationship: _____

Home# (____) _____ Work#(____) _____ Cell#(____) _____

Volunteer Permission and Release Form

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers of Greater Vancouver (BBGV) is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason. If I am matched, I understand and 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 give permission for BBGV to release pertinent information regarding my file to the parent of the child in the selection process. In the case of the In-School Mentoring Program, I give permission for Big Brothers of Greater Vancouver to release pertinent information regarding my file to the Principal and School Liaison of the school in which I will volunteer. Further, I agree to allow my file to be viewed by Agency Reviewers for Big Brothers Big Sisters of Canada should it be requested at the time of the agency review. I further grant Big Brothers of Greater Vancouver 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 pertinent facts related to my status to be shared within the movement. I understand this application and subsequent information in my file is the property of Big Brothers of Greater Vancouver. I understand that if Big Brothers of Greater Vancouver 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 of a period ending 75 years after the close of my final match.

I hereby authorize the local police force to release to BBGV full disclosure of police records and criminal records as revealed by its own records and the records of the Canadian Police Information Centre file, and I hereby release Big Brothers of Greater Vancouver, the local police force, and any other police authorities, as well as any employees or representatives of such agencies, from any liability whatsoever arising from such disclosure. I further expressly agree and acknowledge that the said investigations and inquiries may be conducted at any time either before or during my association with Big Brothers of Greater Vancouver. I am aware that I may be required to complete an additional criminal records check at any time during my involvement with Big Brothers of Greater Vancouver. I hereby authorize Big Brothers of Greater Vancouver to contact any or all of the references and agencies listed herein for the purposes of processing my application to become a volunteer in the agency's program. I understand that these references and agencies will be contacted in confidence. I hereby waive the right to request disclosure of the personal reference given about me.

I understand that all volunteers in the Big Brothers programs who may be transporting children in their cars are required to have a minimum of \$200,000 third party liability with basic Autoplan insurance coverage.

I hereby release and forever discharge Big Brothers of Greater Vancouver, 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 of Greater Vancouver. The implications of the waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

Printed Name

Applicant's Signature

Date Signed

The Big Brothers of Greater Vancouver Foundation

Big Brothers of Greater Vancouver (BBGV) receives a substantial portion of its annual operating costs from the Big Brothers of Greater Vancouver Foundation. The Foundation raises money to support BBGV through The Bowl for Big Brothers Classic and a variety of other projects and initiatives. The Foundation's ability to support BBGV's mentoring programs and services for children and youth is enhanced by the participation of many of BBGV's clients. We thank you for your involvement and support.

I consent to Big Brothers of Greater Vancouver releasing my contact information to the Big Brothers of Greater Vancouver Foundation.

Printed Name

Applicant's Signature

Date Signed

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

Reference Form

Please provide four references: a current and/or previous employer, a family member, a character reference, and a personal reference. If you do not have an employer reference you may use a volunteer supervisor, a professor, or if you are self-employed, you may use a client or business partner. A character reference and a personal reference refer to anyone other than a family member who knows you well. They could be a work colleague and a close friend.

Please provide FULL contact information for each reference. Please contact your references to let them know we will be in touch with them. If they prefer to be contacted by Email, Mail or Fax, we will send the reference forms to them. If any of your references are likely to experience barriers (language, etc.) in completing the reference form, please contact the agency for assistance.

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

1. Employer (Company Name): _____
Length of time employed: _____ Supervisor's Full Name: _____
Supervisor's email address: _____
Business Address: _____ City, Province: _____
Postal Code: _____ Business # (____) _____ Fax #(____) _____
Preferred Contact by (please \surd one): Email Phone Mail Fax

2. Family Member's Full Name: _____ Relationship: _____
Email Address: _____ Length of Relationship: _____
Street Address: _____
City, Province: _____ Postal Code: _____
Home# (____) _____ Work#(____) _____ Fax#(____) _____
Preferred Contact by (please \surd one): Email Phone Mail Fax

3. Character Reference's Full Name: _____ Relationship: _____
Email Address: _____ Length of Relationship: _____
Street Address: _____
City, Province: _____ Postal Code: _____
Home# (____) _____ Work#(____) _____ Fax#(____) _____
Preferred Contact by (please \surd one): Email Phone Mail Fax

4. Personal Reference's Full name: _____ Relationship: _____
Email Address: _____ Length of Relationship: _____
Street Address: _____
City, Province: _____ Postal Code: _____
Home# (____) _____ Work#(____) _____ Fax#(____) _____
Preferred Contact by (please \surd one): Email Phone Mail Fax