



Teen Mentor Application Form

- Confidential -

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

Name: _____
First Name Last Name

If you have changed your name since birth, please supply original name: _____

Gender: Male Female Birth date: _____ Student ID #: _____
(Month / Day / Year)

School: _____ Grade: _____

Home Address: _____
Suite Street Address City Postal Code

Phone: (_____) _____ Cell: (_____) _____

Email: _____

Do you have a part-time job? Yes No If yes, where? _____

How long have you lived in the Lower Mainland? _____ Status/Citizenship: _____

If you have lived in another country, where? _____ When? _____

Languages spoken: _____

What are your leisure time interests and activities (e.g. clubs, sports, hobbies, special interests): _____

Why do you want to volunteer? _____

Have you ever been involved with children as a volunteer (e.g. Boys & Girls Club, Scouts, camps, sports etc.)? _____



***Please attach a recent photo of yourself for our reference
Or bring a photo to your interview.**

REFERENCES

Attached you will find 3 reference forms.
Please make sure the right form goes to the right reference.

These references are confidential. Your references must seal the envelope and sign across the opening before returning the form to you.

Your references should have known you for **at least 2 years**
and must be **at least 19 years old.**

My references are:

1. School (Teacher or Counselor)

School Name: _____

Teacher/Counselor's name: _____ Position: _____

Home#: (____) _____ Work#: (____) _____

Email: _____

2. Family Member

Name: _____ Relationship: _____

Home#: (____) _____ Work#: (____) _____

Email: _____

3. Character Reference (could be your coach, employer, religious leader or family friend but may **not be related to you**).

Name: _____

Title: _____

How do you know this person? _____

Home#: (____) _____ Work#: (____) _____

Email: _____

I. VOLUNTEER PERMISSION AND RELEASE



I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers of Greater Vancouver is under no obligation to accept or assign 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 Big Brothers of Greater Vancouver to contact any or all of the references, agencies, and Principal of my High School listed herein 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 reference given to about me.

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 OF VOLUNTEER

VOLUNTEER SIGNATURE

DATE

II. PARENT PERMISSION – FOR VOLUNTEERS UNDER 19 YEARS OF AGE

I am the parent/guardian of the above volunteer and give permission for my son/daughter to participate as a volunteer Mentor in Big Brothers of Greater Vancouver's Teen Mentoring Program. I understand the responsibilities of this position. I am aware that my child will be mentoring an elementary school student for 1 hour per week during school hours and on school grounds only. I agree to maintain the confidentiality of information that my daughter/son may reveal to me regarding his/her mentoring relationship. I support my daughter/son's participation as a volunteer Mentor in the Teen Mentoring Program.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

III. CONSENT FOR USE OF PROMOTIONAL MATERIALS

This consent form allows us to use your image and / or name in our promotional materials and to contact you about events and activities. Please indicate below whether you and your parent / guardian do or do not give consent. From time to time, the names and / or photos of volunteers and children are used to help us with volunteer & family recruitment. This includes use in community newspaper ads, photo albums, brochures, posters, slide shows, videos, information sheets, newsletters, on our web site and by our partner organization, Big Brothers of Greater Vancouver Foundation.

We occasionally receive requests for media interviews with volunteers and children. If an opportunity occurs, we would contact you regarding your interest and availability. Please note that this waiver must be signed by both the Teen Mentor and his/ her parent/ guardian in order for consent to be considered granted. Our decisions are as follows:

Use of the Teen Mentor's image and/or name in promotional materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of the Teen Mentor's image and/or name on the web site	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Requesting the Teen Mentor's involvement in media interviews	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PRINTED NAME OF VOLUNTEER

VOLUNTEER SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

**Please turn in to a Big Brothers of Greater Vancouver staff person at your next meeting
or return by mail to 102 – 1193 Kingsway, Vancouver, BC V5C 3C9**

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