



# 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.*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

If your name has changed since birth, what is your original name: \_\_\_\_\_

Male Female Birth date: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Month / Day / Year)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Suite Street Address City Postal Code

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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 or photo ID to your interview.

## REFERENCES

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

These are confidential and should not be returned to you but instead  
**sent directly to Big Brothers of Greater Vancouver.**

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: \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Family Member**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**3. Character Reference** (Could be your coach, employer, religious leader, doctor 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.

I hereby authorize Big Brothers of Greater Vancouver to contact any or all of the references 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 give permission for Big Brothers of Greater Vancouver to release pertinent information regarding my file to the parent or school of the Child in the process of match selection. Further, I agree to allow my file to be viewed by Agency Reviewers for Big Brothers Big Sisters of Canada, at the time of the agency review, should it be requested. 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 information from my file may be shared with the Big Brothers of Greater Vancouver Foundation. 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 further 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. 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 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, display materials, 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:

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

\_\_\_\_\_  
PRINTED NAME OF VOLUNTEER

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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