



## Application Form

for Teen Mentors Becoming In-School Mentors

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

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.

North Shore <input type="checkbox"/>	Vancouver <input type="checkbox"/>	Tri-Cities <input type="checkbox"/>	Burnaby <input type="checkbox"/>
Surrey <input type="checkbox"/>	Sunshine Coast <input type="checkbox"/>	Squamish <input type="checkbox"/>	

Name: \_\_\_\_\_  
First Name Last Name

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

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

Length of time at current address: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month / Day / Year

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

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell or Messages

E-mail address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Are you a student? \_\_\_\_\_ Where? \_\_\_\_\_

Faculty/Program: \_\_\_\_\_

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

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

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

Home# (\_\_\_\_) \_\_\_\_\_ Work#(\_\_\_\_) \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_\_

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

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**Your Teen Mentoring Experience**

Name of Mentoring Coordinator: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Your Little Buddy's school: \_\_\_\_\_

Month/Year Participation Began \_\_\_\_/\_\_\_\_ Month/Year Participation Ended \_\_\_\_/\_\_\_\_

Please tell us about your experience as a Teen Mentor:

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**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 In-School 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 support my daughter/son's participation as a volunteer Mentor in the In-School Mentoring Program.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**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

## 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.

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Printed Name

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Applicant's Signature

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Date Signed

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