



Big Brothers Big Sisters of St. Thomas - Elgin

STANDARD VOLUNTEER APPLICATION

Program of Interest			
<i>Please select the program(s) which interest(s) you:</i>			
<input type="checkbox"/> Traditional Match	<input type="checkbox"/> Couples for Kids	<input type="checkbox"/> Big Bunch	<input type="checkbox"/> Family Match <input type="checkbox"/> Friend of the Agency
<i>Age Preference of Match:</i>			
<input type="checkbox"/> 6-8 years old	<input type="checkbox"/> 8-10 years old	<input type="checkbox"/> 10-12 years old	<input type="checkbox"/> 13-16 years old

Information About You					
Surname		First Name		Date of Birth (dd/mm/yyyy)	
Current Address		City	PC	Telephone Number	
Mobile Telephone Number	Email Address		# of Years in St. Thomas – Elgin Area		
Name of Spouse / Common-Law Partner (if applicable):			Name(s) and Age(s) of Children (if applicable):		
Please list your hobbies and interests, as well as any sports you're interested in:					
Do you have access to a vehicle?	Does the vehicle have air bags?	Year, Make, and Model of Vehicle			
How did you hear about Big Brothers Big Sisters of St. Thomas – Elgin?			Name(s) of anyone you know who is active with our organization		
Please tell us what prompted you to apply to volunteer with our organization:					
Please describe any changes in your location or in your employment, student, or family status which you expect to occur in the next year:					

Employment and Experience				
Occupation	Employer		Work Telephone Number	# of Years
Please list any volunteer experience, including the organization and years active:				
Please describe any formal experiences working with children or youth:				

Additional Comments
Please provide any additional information or comments which you feel are relevant to your volunteer application:



Big Brothers Big Sisters of St. Thomas - Elgin

REFERENCES

Instructions: Below, please provide all information requested. References listed below must have known you for ***a minimum of two years***. Please ensure all contact information is current, and notify your references that they will be contacted by our agency.

Relative / Partner			
<i>Full Name</i>	<i>Occupation</i>	<i>Relationship to Applicant</i>	
<i>Address</i>	<i>City</i>	<i>PC</i>	<i>Telephone #</i>

Employer / Supervisor / Volunteer Supervisor			
<i>Full Name</i>	<i>Occupation</i>	<i>Relationship to Applicant</i>	
<i>Address</i>	<i>City</i>	<i>PC</i>	<i>Telephone #</i>

Personal / Friend			
<i>Full Name</i>	<i>Occupation</i>	<i>Relationship to Applicant</i>	
<i>Address</i>	<i>City</i>	<i>PC</i>	<i>Telephone #</i>
<i>Full Name</i>	<i>Occupation</i>	<i>Relationship to Applicant</i>	
<i>Address</i>	<i>City</i>	<i>PC</i>	<i>Telephone #</i>

Medical			
<i>Full Name of Family Physician</i>	<i># of Years as Your Physician</i>	<i>Fax #</i>	
<i>Address</i>	<i>City</i>	<i>PC</i>	<i>Telephone #</i>



Big Brothers Big Sisters of St. Thomas - Elgin

PERMISSION AND RELEASE

I hereby authorize Big Brothers Big Sisters of St. Thomas-Elgin 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 hereby waive the right to request disclosure of the personal references given about me.

I further authorize any individuals, firms, corporations, government or other regulatory departments and Police Department or other organization to release information and copies of documents pertaining to myself to Big Brothers Big Sisters of St. Thomas-Elgin in order to consider my application to volunteer in the Agency's Program, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program and that Big Brothers Big Sisters of St. Thomas-Elgin is under no obligation to accept or assign me as a volunteer in their program and is not obliged to provide a reason.

I hereby release and forever discharge Big Brothers Big Sisters of St. Thomas-Elgin, 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 Big Sisters of St. Thomas-Elgin.

If I am matched, I understand that I am solely responsible for the care of, and will supervise, the Child with whom I am matched during outings and activities.

I give permission for Big Brothers Big Sisters of St. Thomas-Elgin to release pertinent information regarding my file to the parent 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 agency review, should it be requested. I further grant Big Brothers Big Sisters of St. Thomas-Elgin permission to release my name, date of birth, agency applied to and notice of acceptance or rejection to Big Brothers Big Sisters of Canada and for relevant details to be shared within the movement.

I understand this application and subsequent information in my file is the property of Big Brothers Big Sisters of St. Thomas-Elgin. I understand that if Big Brothers Big Sisters of St. Thomas-Elgin should cease operation, my complete file becomes the property of Big Brothers Big Sisters of Canada.

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.

Note: Release to share information with other professionals will expire within one year of the above date.

<i>Name of Applicant (please print or type)</i>	<i>Signature of Applicant</i>	<i>Date (dd/mm/yyyy)</i>
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