



169 Lakeshore Drive, North Bay, ON. P1A 2B3 ph. (705) 474-3041 fax (705) 474-3499
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VOLUNTEER APPLICATION

Big Brothers Big Sisters of North Bay and District is truly a worthwhile organization and we would like to thank you for your interest. Please find enclosed a Volunteer Application including:

- Reference Sheet (3 references)
- Job Descriptions Page
- Request for Release of Information from your Doctor (please return this form to the office with completed application)

Processing of your application will begin once we receive the completed documents. Please ensure that contact information for references is clearly printed in the application. In addition to providing contact numbers for your references, please indicate any available e-mail addresses for your references.

In the case of the **Vulnerable Sector Reference**, please provide a reference(s) from someone you have worked with or volunteered with while being responsible for the well-being of children under the age of 18 or with vulnerable persons who, because of their age, a disability or other circumstances, are at greater risk than the general population of being harmed by a person in a position of authority or trust. **If you have no such experience in the Vulnerable Sector, an Employment reference will be sufficient.**

You are responsible for providing a recent Police Record Check for yourself. **This must include a Vulnerable Sector Check.** Members of your household who are eighteen years or older are required to sign our Offense Declaration form. Ask us for a copy of this form if you have roommates over 18 years of age. Big Brothers Big Sisters of North Bay and District will not accept volunteers who have been charged with a criminal offense.

Once the requested materials are returned and considered favorable, we will contact you to schedule an interview. Following the interview, all volunteers are required to complete a Pre-Match Training session prior to volunteering.

Please do not hesitate to contact our office should you have any questions regarding the application process or regarding any of the Big Brothers Big Sisters programs.

Please visit the Big Brothers Big Sisters of Canada's Website to access the Online Orientation. Go to www.bbbsc.ca. Click on "Mentoring Programs" followed by "Become a Mentor" in the side bar and you will find the "Orientation" tab. It is a great resource and may help you determine if mentoring is for you!

~~~~~**START SOMETHING!**





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### APPLICATION

- BIG BROTHER                       BIG SISTER                       BIG BUNCH
- GO GIRLS!                               GAME ON!                       YOUTH IN CARE

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

Place of Work: \_\_\_\_\_ Title: \_\_\_\_\_

May you be called at work? Yes  No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Day/Month / Year

Languages Spoken: \_\_\_\_\_

Members of household (18yrs + must sign an Offense Declaration Form provided by BBBS)

| Name  | Age   | Relationship to Applicant |
|-------|-------|---------------------------|
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |

### WORK HISTORY

Name of present or last employer \_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**EDUCATION**

High School       Trade School       College       University       Other

Name of Institution/Program or Field of study/year \_\_\_\_\_  
\_\_\_\_\_

**INTERESTS** : ( hobbies, activities) \_\_\_\_\_  
\_\_\_\_\_

**MOTIVATION:**

Please describe why you are applying to be a volunteer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND:**

Briefly describe yourself, including family background. Highlight any significant events or difficulties, which have contributed to shaping the person you are today.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged, convicted or pardoned of a criminal offence?  Yes  No

Do you have a medical condition (physical, emotional, psychological) that may affect your involvement with a Little Brother/Little Sister? \_\_\_\_\_  
\_\_\_\_\_

**AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize *Big Brothers Big Sisters of North Bay and District (BBBSNBD)* to inquire into my background to determine my suitability as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a volunteer. Further, I understand that after the successful completion of the screening process, I will be expected to serve a minimum of one year in the program. If unforeseen circumstances prevent me from fulfilling this obligation, I will inform the Big Brothers Big Sisters office with as much advance notice as possible. I am aware of the sensitive and confidential nature of the documents, reports and other material I will examine in my capacity as a volunteer. I will discuss these matters with only those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I am aware that BBBSNBD does not accept individuals who have been charged with a criminal offence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in Big Brothers Big Sisters of North Bay & District!*



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Reference Sheet

\*All references must have known applicant for at least two years.

Name of Applicant \_\_\_\_\_

Personal Reference

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Business Phone# \_\_\_\_\_ ext \_\_\_\_\_ Fax# \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

Vulnerable Sector Reference (If no volunteer or paid experience exists in the vulnerable sector within the last five years, an Employment Reference will be sufficient. See Cover Page for details)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Business Phone# \_\_\_\_\_ ext \_\_\_\_\_ Fax# \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

Significant Other Reference (If no significant other exists, a Family Reference is sufficient)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Business Phone# \_\_\_\_\_ ext \_\_\_\_\_ Fax# \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_



## Job Descriptions

As a volunteer, you share with each member of this Agency, a valued reputation. We symbolize friendship, responsibility, trust, and a concern for the protection and well-being of children. As an integral part of our team, we expect that you will comply with the following:

### Big Brothers & Big Sisters

*Big Brothers/Big Sisters will:*

- ✓ be a friend to the child, and maintain contact on a regular and consistent basis
- ✓ be a consistent and positive role model by modeling responsible behaviours such as reliability, respect, honesty, appropriate manners etc., along with a concern for the protection and well-being of children
- ✓ be supervised by the program Caseworker and will remain accountable to her/him

### Game On! *Eat Smart, Play Smart, Live Smart*

*Game On! Mentors will:*

- ✓ participate in a mandatory training session
- ✓ deliver seven-eleven two (2) hour sessions in a school setting
- ✓ provide an opportunity for young boys to participate in fun, educational games and activities that encourage mentor/participant relationship building
- ✓ address topics such as physical activity, participation, healthy eating choices, self-image and relationships.
- ✓ be supervised by the program coordinator and will remain accountable to her/him

### Go Girls! *Healthy Bodies, Healthy Minds*

*Go Girls! Mentors will:*

- ✓ participate in a mandatory training session
- ✓ deliver seven two (2) hour sessions in a school setting
- ✓ provide an opportunity for young girls to participate in fun, educational games and activities that encourage mentor/participant relationship building
- ✓ address topics such as physical activity, participation, healthy eating choices, self-image and relationships.
- ✓ be supervised by the program coordinator and will remain accountable to her/him

### Big Bunch

*Big Bunch Mentors will:*

- ✓ meet with a small group of children, in the community twice per month, for a period of five months
- ✓ be supervised by Big Brothers Big Sisters of North Bay and District Caseworker and will remain accountable to her/him
- ✓ meet with Big Bunch mentees during regular, scheduled outings which are authorized by the mentee's parents
- ✓ follow Big Brothers Big Sisters of North Bay and District's policies and procedures

## Youth In Care Mentoring

*Youth In Care Mentors will:*

- ✓ be matched with a youth (between 12-17 years old) living in the care of the Children's Aid Society.
- ✓ meet on a bi-weekly basis to provide caring, responsible, mature role modeling for the purpose of increasing self-esteem, providing healthy development and leadership roles for these youth.
- ✓ Participate in low-cost no-cost community based outings.
- ✓ be a consistent and positive role model by modeling responsible behaviours such as reliability, respect, honesty, appropriate manners etc., along with a concern for the protection and well-being of the children.
- ✓ Be supervised by Big Brothers Big Sisters of North Bay and Districts Caseworker (who will act as a third party mentor) and will remain accountable to her/him.



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**CONFIDENTIAL**  
**REQUEST FOR RELEASE OF INFORMATION**

(PLEASE PRINT)

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

I \_\_\_\_\_ HEREBY AUTHORIZE THE ABOVE TO RELEASE TO BIG BROTHERS BIG SISTERS OF NORTH BAY AND DISTRICT, INFORMATION PERTINENT TO MY APPLICATION TO BECOME AN ACTIVE MEMBER OF THE ORGANIZATION. THIS RELEASE PROVIDES PERMISSION ON A ONE-TIME, TIME LIMITED BASIS. TIMING IS RESTRICTED TO 8 WEEKS. THIS PERMISSION IS RESTRICTED TO THE RELEASE OF THE "CONFIDENTIAL MEDICAL CLEARANCE FORM".

BIG BROTHER/ BIG SISTER APPLICANT PLEASE COMPLETE:

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO BIG BROTHERS BIG SISTERS WITH APPLICATION.**

**WE WILL CONTACT YOUR DOCTOR!**

