



**Big Brothers Big Sisters**  
of Peel

71 West Drive, Unit 23  
Brampton, Ontario L6T 5E2  
Phone: (905) 457-7288 Fax: (905) 454-0769  
E-mail: [info.peel@bigbrothersbigsisters.ca](mailto:info.peel@bigbrothersbigsisters.ca)

Big Brothers Big Sisters of Peel respects your privacy and adheres to PIPEDA legislation (The Personal Information Protection and Electronic Documents Act –2001 federal legislation) and strict confidentiality procedures.

The information provided will be held in confidence by Big Brothers Big Sisters of Peel and will be used by the Agency for evaluating and considering your Volunteer Application and, if accepted into a Mentoring Program, for the purpose of administering the Mentoring Program.

Further details are outlined in the Permission and Release Form on Page 7 of this Application. For further information about our information-handling practices, please see our privacy policy on our website [www.bbbspeel.com](http://www.bbbspeel.com)

**VOLUNTEER MENTOR APPLICATION FORM**

**If you have any questions while completing this application, please contact us**

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

Name you prefer to be called: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (Apt/Street): \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Major Intersection of Home: \_\_\_\_\_

# of years at this address? \_\_\_\_\_ # of adults in home aged 18+ (including yourself) \_\_\_\_\_

E-mail: \_\_\_\_\_ Primary Number: \_\_\_\_\_ Cell / Home \_\_\_\_\_

Date of Birth: (M/D/Y) \_\_\_\_\_ (optional) or Age Range:  18 to 24 years  25 years & older

Are you a licensed Driver?  No ,  G1,  G2,  G Do you have regular access to a vehicle? Yes  No

Level of automobile insurance coverage?  \$1,000,000;  \$2,000,000; (other amount) \$ \_\_\_\_\_

I would like to receive e-mail updates from Big Brothers Big Sisters of Peel?  Yes  No

**How did you hear about Big Brothers Big Sisters of Peel?**

- Street/Road Sign (Intersection?) \_\_\_\_\_
- Social Media (Facebook, Instagram, Twitter) \_\_\_\_\_
- Media (TV/Radio/Newspaper) \_\_\_\_\_
- Community Display/Poster (please describe) \_\_\_\_\_
- Speaking Engagement/Event (please describe) \_\_\_\_\_
- Website (state where if not ours) \_\_\_\_\_
- Former/Current Volunteer (name) \_\_\_\_\_
- Other \_\_\_\_\_

Are you anticipating any changes in your life in the next year? (e.g. marital status, moving, job change, kids, etc.)  
Yes  No  \_\_\_\_\_

**Family:**

Marital Status:  Single  In a Relationship  Common-Law  Married  Separated/Divorced  Widowed

Partner's Name: \_\_\_\_\_

How does your partner feel about you volunteering with Big Brothers Big Sisters of Peel? \_\_\_\_\_  
\_\_\_\_\_

Do you have children? # of Children \_\_\_\_\_ Ages of Girls \_\_\_\_\_ Ages of Boys \_\_\_\_\_

**Employment:**

I'm currently employed:  Full Time  Part Time  Self Employed  Retired  Not Currently Working

Company: \_\_\_\_\_

Major Intersection of your work: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Average Hours/Week: \_\_\_\_\_ Shifts:  Days  Evenings  Nights  Rotating  Other: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Time: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Education History:**

Name of School Attended	Area of Study or Major	Date of Completion	Graduated Program?

Are you currently a student? Yes  No  If yes,  Full-Time,  Part-Time

Do you require hours for course credit from this volunteer opportunity:  Yes  No

If yes, how many hours: \_\_\_\_\_ Hours need to be completed by (M/D/Y): \_\_\_\_\_

***"My In School Mentor means the world to me! He has given me everything and has expected nothing in return. He is my mentor, my hero, my brother."  
- Little Brother***

**Program Consideration Profile:**

How often do you see yourself being able to mentor:  Weekly,  Every Other Week,  Monthly

When you consider your current schedule and commitments, when do have time to mentor?

Please check off times below:

	Mornings (9am – noon)	Afternoons (Noon – 3pm)	After School (3pm – 6pm)	Evenings (6pm – 9pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Additional schedule comments: \_\_\_\_\_

**Below list the 3 programs you would you like to be considered for:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Programs in the Community	Programs in Schools	Programs for Newcomer Children and Youth
<ul style="list-style-type: none"> <li>➤ Big Brothers Big Sisters Mentoring               <ul style="list-style-type: none"> <li>▪ Couples for Kids (Please call for mentor guidelines)</li> <li>▪ Big and Little Buddy (Big Sisters for Little Brothers)</li> </ul> </li> <li>➤ BCAC Mentoring Program (Black Mentors for Black Youth)</li> <li>➤ Group Mentoring</li> <li>➤ Big Bunch</li> </ul>	<ul style="list-style-type: none"> <li>➤ In-School Mentoring               <ul style="list-style-type: none"> <li>▪ Between Generations (Mentors 50+)</li> </ul> </li> <li>➤ Go Girls! <i>Healthy Bodies Healthy Minds</i> (Female Mentor aged 18-24)</li> <li>➤ Game On! Eat Smart, Play Smart, Live Smart (Male Mentors)</li> <li>➤ Jump Math</li> <li>➤ After-School Program (Clark Blvd P.S)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Conversation Club (Mentors 18-24)</li> <li>➤ Newcomer Art Program</li> <li>➤ Be the Change (Mentors 18-24)</li> </ul>

➤ Other (committees, events, fundraising, etc.)

Please see information package or website for program details and commitment [www.bbbspeel.com](http://www.bbbspeel.com)

**Volunteer Experience:**

Do you have experience working or volunteering with children?

Yes  No If yes, please identify (Organization, Role, Length of time): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Have you ever applied to become a volunteer with any Big Brothers Big Sisters Agency?  Yes  No  
If yes, where and when? \_\_\_\_\_

Please share any other volunteer experiences you have had not listed above:

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

**Other Information:**

Have you used drugs recreationally in the past year?  Yes  No If yes, please describe: \_\_\_\_\_

Do you have or have you had any physical or emotional health concerns?  Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever had police involvement?  Yes  No

**If yes, please give further details:**

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

**Tell Us About Yourself:**

Why do you think children enjoy being around you? \_\_\_\_\_

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

Describe the ideal child/youth for you to mentor: \_\_\_\_\_

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

What kind of activities would you like to do with a child/youth? (Indoor, Outdoor, Sports, Cultural, Hobbies)

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

Is there anything else you would like us to know about you: \_\_\_\_\_

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

## Mentor References Form



Full Name (Print): \_\_\_\_\_ #1 Program of Interest: \_\_\_\_\_

### VULNERABLE SECTOR Reference:

(To be provided if you have volunteered/worked with vulnerable persons (**Children under 18, elderly, those with disabilities**) in the past 5 years. If there have been no experiences please provide Employer Reference below ↓)

Contacts Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

### EMPLOYER Reference: (Please provide us with your current Supervisor's information *IF* you are not able to provide a Vulnerable Sector Reference above ↑)

Contacts Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

### PERSONAL FRIEND:

A personal friend that has known you for at least 2 years (Not a Family Member, Former Employer or Family Friend)

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

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

### SIGNIFICANT OTHER:

(Spouse/Partner/Girlfriend/Boyfriend)

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

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

### IMMEDIATE FAMILY:

(Immediate Family - **Parent or Sibling OVER 18** –List Significant Other in section above, if Applicable)

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

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## VOLUNTEER PERMISSION AND RELEASE AGREEMENT

**TO: Big Brothers Big Sisters of Peel (THE “AGENCY”)**

The Agency and Big Brothers Big Sisters Canada (“**BBBSC**”) are separate entities and this Agreement is between me and the Agency.

1. By applying to volunteer with the Agency (“Volunteer Application”) and signing this Agreement, I acknowledge, understand and accept that:
  - (a) I am a legal resident of Canada and have reached the age of majority in the province or territory in which I reside. I acknowledge and agree that if I have not reached the age of majority of the province or territory in which I reside, my parent or legal guardian will also need to sign this Agreement in order for my Volunteer Application to be considered;
  - (b) There is no obligation on the Agency to accept my Volunteer Application or assign me as a volunteer into a mentoring program (a “**Mentoring Program**”) and the Agency may terminate my involvement in a Mentoring Program in its sole discretion and without reason;
  - (c) If I am accepted as a volunteer, my involvement in a Mentoring Program is not intended to create and shall not be construed as creating either an employee–employer relationship or a contract for services that would allow me to receive a salary, compensation, payment or any benefits, monetary or otherwise; and
  - (d) If I am accepted into a Mentoring Program, I understand that I will be required to enter into a confidentiality agreement with the Agency, and I agree to abide by the volunteer position description(s) and code(s) of conduct established by the Agency, including any applicable guidelines, Standards and policies.

2. **Assumption of Risk, Release and Reimbursement:**

I acknowledge, understand and accept that:

- (a) I am responsible for all risks associated with my involvement in a Mentoring Program including, without limitation, the risk of bodily or psychological harm or injury.
  - (b) Subject to local laws, I agree not to sue the Agency, BBBSC and/or any of their member agencies in respect of any such injury or claim resulting from my participation in a Mentoring Program, my Volunteer Application, the acceptance or denial of my Volunteer Application, the Alumni Program and/or my association with the Agency or BBBSC.
  - (c) I understand that I am fully responsible for any damage to my personal vehicle and/or property during my volunteer involvement in a Mentoring Program and that neither BBBSC nor the Agency insures personal vehicles or property belonging to its volunteers;
  - (d) I agree to reimburse the Agency and/or BBBSC and/or any of their member agencies for any damages or losses of any kind (including but not limited to the injury of any other person and/or damage to or loss of property) that may arise in connection with my negligence, wilful misconduct, or failure to act in accordance with published BBSC policies and guidelines and relating to or arising in connection with my participation in a Mentoring Program or my association with the Agency or BBSC, including payment of any and all legal expenses of the Agency, BBBSC and/or any of their member agencies.
3. **Background Check.** I understand that my acceptance into the Mentoring Program will be conditional on my successful completion of a background check, which may include contacting the references included in my Volunteer Application and/or a criminal record check, for the purposes of confirming my suitability for the Mentoring Program. I agree to provide all necessary consents for such background checks.

4. **Privacy Notice.** The personal information provided by me or otherwise collected by the Agency in connection with my application will be used by the Agency for the purpose of evaluating and considering my Volunteer Application and, if accepted into a Mentoring Program, for the purpose of administering the Mentoring Program. This information may include my name, phone number, mailing address, date of birth, results of background check, and driver's license and auto insurance information. My personal information will be maintained by the Agency on a confidential basis and will only be disclosed to the parent(s) and/or guardian(s) of a child with whom the Agency may consider "matching" me in a Mentoring Program, to representatives of a school or institution in connection with my participation in a site-based Mentoring Program, to the BBBSC as required for the purposes of accreditation reviews or legal proceedings and as otherwise required or permitted by law. In the event the Agency ceases operations, any and all information about me held by the Agency will be provided to BBBSC, another BBBSC agency selected by BBBSC, or both and will be used for the purposes set out above.
5. **Other Terms of this Agreement.**
- (a) In entering into this Agreement, I am not relying on any oral or written representations other than as set forth in this Agreement.
  - (b) This Agreement shall be governed by and construed pursuant to the laws of the Province or Territory in which the Agency is located.
  - (c) In the event that any provision or term of this Agreement is held to be invalid, illegal or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
6. **Media Consent.** Any photographs or video productions taken of volunteers by agency staff at recreational events or match outings, or otherwise authorized by the Executive Director or Board of Directors, may be used by the agency for purposes of promotional material including brochures posters, newsletters, media information, advertisements, audio-visual productions and web pages, such as the Agency website and social media. Photographs or video productions may also be shared with community and school partners and Big Brothers Big Sisters of Canada for program promotion.

If you do not agree with item #6 *Media Consent*, please check here:

**IMPORTANT:** I acknowledge that I have read the terms of this Agreement, have been given an opportunity to obtain independent legal advice, and understand that it represents a waiver of certain of my legal rights, including my right to sue (subject to local laws). I further agree that such limits are reasonable and sign this Agreement freely, voluntarily and without duress.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if required)

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Printed Name  
(if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date