



Big Brothers Big Sisters
of Peel

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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

REQUEST FOR STUDENT PLACEMENT APPLICATION

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? _____

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 anticipating any changes in your life over the next year? (e.g. marital status, moving, job change, kids, etc.) 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 _____

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

Please see information package or website for program details and commitment www.bbbspeel.com

Education History:

| Name of School Attended | Area of Study/Major | Currently in program? Year of study to start in Fall Completed program? Year you graduated |
|-------------------------|---------------------|---|
| | | |
| | | |
| | | |

This fall will you be attending school Full-Time or Part-Time?

How many hours are you required to complete by the end of your placement: _____

Placement Start Date (M/D/Y): _____ Hours to be completed by (M/D/Y): _____

Program Consideration Profile:

I would like to be considered for the following type of placement: *(check all that apply)*

- Experiential** – Placement hours are spent in various programs in the community and working directly with our children and youth
- In Office + Program** - tasks are linked to traditional case management: working with our database, family & child intake & enrolment as well as some direct work with children and youth in community programs

- Do you speak any other languages fluently: _____
- Will you have consistent access to a vehicle on your placement day? Yes No – *(both of the placements offered above do require students to travel around the Peel Region – public transportation will not be a suitable means of transportation for any of our placements)*
- Are you a licensed Driver? No , G1, G2, G
- Level of automobile insurance coverage? \$1,000,000; \$2,000,000; (other amount) \$ _____

What are your assigned placement days? Please check off times below:

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

Are you able to work evenings on placement days? Yes No _____

Volunteer Experience:

Please list your volunteer experiences (Where, When, Responsibilities): _____

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

Further Placement Information:

Why would you like to complete your placement with BBBS Peel? _____

What are you looking to accomplish during your field placement? What are your placement goals? _____

Describe your career goals and how you feel this experience can further those goals? _____

Do you have specific interest in: Newcomer Children/Youth Children/Youth with ASD
 BCAC Mentoring (check our website for more information www.bbbspeel.com)

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: _____

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 daughter(s) _____ Ages of son(s) _____

Other Information:

Do you have a new Vulnerable Sector Police Check? Yes No - **Further Information:** _____

Have you ever had police involvement? Yes No **If yes, please give further details:** _____

Student Placement Agreement

Expectations/Responsibilities of Placement Students:



1. **Your designated Placement Days will be reserved for placement and programs.**
 - We expect students to be available on their placement days – students will not schedule other personal or work commitments during placement or program times.
2. **Your program schedule will be determined based on your placement days, our program schedule and areas of need.**
 - The Student's program schedule will be determined by the agency based on what is available on your placement day and our recommendations for program involvement; we try our best to take geography and preference into account but due to limited sites, locations and day of program availability these accommodations may be restricted.
3. **We strongly recommend our placement students to continue in their program sites during the month of December and to the end of May when sessions wrap-up.** This is to prevent disruptions in program and the relationships being built with our children/youth.
 - Placement Students are encouraged to continue placement hours during the **February Reading Week** since our program continue to run during this time.
 - Placement Students will be given time off during the **March Break**.
4. **The Agency is not required to accept the Placement Student as a volunteer, and does not need to provide a reason for its decision**
5. **The Agency may terminate the Placement Student's involvement in a mentoring program without reason or notice**
6. **Placement Students will consistently attend program and meet with their mentees in all their assigned programs each week.**
7. **If a Placement Student is unable to attend program they must contact their Placement Supervisor and School Liaison by phone or email prior to the start of that program site.**
 - Your placement with the agency may be terminated if absences are not reported prior to program or if the frequency of absences becomes a concern.
8. **Placement Students will commit to participating in a healthy closure process in all their programs** with their mentees, ensuring that the mentee(s) are prepared for the ending of the relationship, have an opportunity to celebrate successes and achievements & discuss challenges.

Enrolment and Training Placement Students:

- Placement Students who are inconsistent in the enrolment process may be denied a placement spot
 - Placement students must complete additional training on the program curriculum or guidelines as required by certain programs.
- I agree as a Placement Student, to adhere to the expectations and requirements listed above.**
- I acknowledge that failure to do so may result in a termination of my placement with the agency**

Student Name (Printed)

Student Signature

Date

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