



350 Industrial Pkwy. South, Aurora, ON L4G 3V7
Phone: (905) 726-2149 Fax: (905) 726-1285
general@bbbsy.ca www.bbbsy.ca

Volunteer Mentor Application

Please note that the information provided in this application will be held strictly confidential.
Please ensure the application is completed **in full**.

Date of Application: _____

Program Interest: Big Brother Big Sister Big Buddy Program Events/Activity Nights
In-School Mentor Conversation Club Go Girls Game On
Play Great Recreational Mentoring Indirect Volunteer

Personal Information:

FULL Name: _____ **Age:** _____

Preferred Name: _____

Address: _____

City: _____ **Postal Code:** _____

Cell Phone: _____ **Home Phone:** _____

Work Phone: _____ **extension:** _____ **Other Phone:** _____

E-mail: _____

Alternate E-mail: _____

Would you like to receive e-mail updates from Big Brother Big Sisters of York? Yes No

Birth Date (mm/dd/yy): _____ **Birth Place:** _____

Gender: _____

How do you identify ethnically: _____

Languages fluently spoken: _____

Household Information:

Length of time at current address: _____

If less than a year, please provide the city/town previously resided in: _____

Marital Status:

- Single
- Married
- Separated
- Divorced
- Common-Law
- Widowed

Partner's name (If applicable): _____

Children:

Do you have children? Yes No If "yes", how many children do you have _____

Ages of Girls: _____ Ages of Boys: _____

Do you live alone: Yes No

If No, with whom do you share your living unit?:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

If applicable, how does your spouse/partner feel about you becoming a volunteer?

If applicable, how do your children feel about you becoming a volunteer?

Do you have pets? No Yes: _____

Does anyone in your home own firearms? Yes No. If "yes", how are they stored?

Are there others visiting your home regularly? Yes No

Would anything need to change in your home environment to be suitable for a child's visit (e.g.: videos, magazines, pictures, other safety issues, smoke detectors, stair rails, pools, etc.)? Yes No. If "yes", please explain: _____

Are you anticipating any major changes in your life within the next year? (Ex: Marital status, living arrangements, employment, children, etc...?) Yes No. If "yes", please specify:

Vehicle Information:

Do you have access to a vehicle? Yes No

Does your vehicle have passenger airbags? Yes No

Do you have at least \$1 Million liability insurance coverage? Yes No

(Community Mentors/Bigs please provide a clear copy of your vehicle insurance)*

Have you ever been charged with a traffic violation? Yes No

Driver's License Number: _____

(Community Mentors/Bigs please provide a clear copy of the front of your license)*

***NOTE:**

Possession of a driver's license and vehicle insurance is ONLY required for volunteers who will be transporting a child/youth.

School and Site based volunteers please provide a copy of your driver's license OR a recent photo

Education:

Education level completed:

High School College University Trade Other: _____

Certification / Degree / Diploma received: _____

Are you currently a student? Yes No

Full Time Part Time

Institution: _____

Program/Area of Focus: _____

Year of Study: _____

Employment:

Are you currently employed? Yes No Full Time Part Time Self Employed Retired

Name of Employer: _____

JobTitle/Occupation: _____

Work Schedule: _____

Can you be contacted at work? Yes No Length of time at current employer: _____

Employer's Address: _____

Telephone: _____ Fax: _____

Please describe the responsibilities of your current job and how you feel about your job:

Previous Employer: _____ Length of time at previous employer: _____

Position: _____ Reason for leaving: _____

Volunteer Experience:

Have you ever **applied** to become a volunteer with **Big Brothers Big Sisters** before? Yes No

If "yes", with which agency? _____

Have you ever **been involved with** any Big Brothers Big Sisters programs in the past? Yes No

If "yes", in what capacity? _____

What program / where? _____

How long ago? _____

Do you know anybody who has been a volunteer mentor with Big Brothers Big Sisters?

Name: _____ Agency: _____

Are you currently a volunteer with any other organization or service club? Yes No

If "yes", please specify organization(s) and length of time:

Please describe all of your previous volunteer experiences:

Have any of your volunteer experiences involved working with children? Yes No

If "yes", please list the organizations:

Health:

How would you describe your personal (physical and mental) health?

Have you ever been treated for any major health or emotional conditions in the past, including communicable diseases, substance abuse and/or addictions? Yes No. If "yes", please explain:

Have you ever sought medication or counseling from a professional counselor/therapist? Yes No

If "yes", please explain:

Do you have any concerns about your emotional well-being or mental health that may impact your relationship with a Little/Mentee? Yes No. If "yes", please explain:

Are you taking any prescribed medication? Yes No. If "yes", please describe:

Please list severe allergies: _____

Legal:

Have you been charged or convicted of any criminal offence? Yes No

Do you have a police record? Yes No

Have you ever had a pardon? Yes No

If Yes, please explain: _____

Please list any arrest, convictions, recent traffic violations, and pending charges:

Interests:

Please describe your interests: (Indoor, Outdoor, Sports, Cultural, Hobbies, Leisure, Special Skills)

Please list any clubs, affiliations or organizations of which you are a member.

Motivation:

Why do you want to be a volunteer with Big Brothers Big Sisters of York?

How long have you been thinking about volunteering?

What activities would you like to do with a Little/Mentee?

What do you think you will bring to a relationship with a child?

How do you think you will benefit from this experience?

What do you like about children and why do you enjoy spending time with them?

What experience do you have with children (formal work and volunteer experience or informal experience with family members / friendships)?

Type of Little/Mentee:

Please describe your ideal Little or Mentee (i.e.: age, race, religion, etc.).

How do you picture your relationship with your Little/Mentee?

Volunteer Location(s):

Please number (most to least) the locations where you are available to volunteer.

- | | |
|--|---|
| <input type="checkbox"/> Aurora | <input type="checkbox"/> Richmond Hill |
| <input type="checkbox"/> Newmarket | <input type="checkbox"/> Markham |
| <input type="checkbox"/> Sharon | <input type="checkbox"/> Thornhill |
| <input type="checkbox"/> King | <input type="checkbox"/> Maple |
| <input type="checkbox"/> Bradford West Gwillimbury | <input type="checkbox"/> Woodbridge |
| <input type="checkbox"/> East Gwillimbury | <input type="checkbox"/> Whitchurch-Stouffville |
| <input type="checkbox"/> Georgina | <input type="checkbox"/> Kleinburg |

**Please note the nearest major intersection where you reside/work
(based on where you will volunteer): _____**

Signature: _____

Date: _____

References

Please note that each reference must be at least 18 years of age or older.
Please advise references that they **will** be contacted.

(for office use only)

Personal /Character Reference

(must have known the applicant for a minimum of two years)

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

How many years have you known this person? _____ In what capacity? _____

Vulnerable Sector Reference ¹ (if applicable)

(if no volunteer or paid experience exists in the vulnerable sector within the last five years, an employment reference is required)

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

How many years have you known this person? _____ In what capacity? _____

Family Reference

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

How many years have you known this person? _____ In what capacity? _____

Significant Other/Partner Reference (if applicable)

(Relationship of 3 months or longer and/or cohabiting) **Must check if not applicable**

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

How many years have you known this person? _____ In what capacity? _____

This information is true to the best of my knowledge.

Applicant Signature

Date

¹ Please provide a reference(s) if you have worked with or volunteered with a person or organization 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 relative to them.

Volunteer Permission and Release Agreement

TO: Big Brothers Big Sisters of York (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 gross 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.

In the event where it is deemed necessary, 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. No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agencies, about parents, children or volunteers without their express prior written consent except where required by law.

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

Applicant Printed Name

Date
T – Revised Nov. 2017

Signature of Parent or Legal Guardian (if required)

Parent or Legal Guardian Printed Name (if required)

Date



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Confidentiality Policy

All staff and volunteers of Big Brothers Big Sisters of York are required to abide by this Confidentiality Policy. Any breach of this policy will be considered grounds for termination.

Agency Service Delivery Staff will explain the confidential nature of our service to the volunteer, child and parent/guardian as early as possible in the orientation and/or screening process. At all times thereafter Service Delivery Staff will ensure the privacy of case information.

Information contained in the Casework files will not be disclosed by the Agency to any person without written approval of said person except in the following cases:

- where the safety of a child depends upon divulging this information. This could include suspicion of neglect or abuse of a child. The proper authorities will be informed when necessary. This could result in the disclosure of confidential information without written consent from the person to Brothers Big Sisters of Canada's insurers and or legal counsel, as may be appropriate in connection with any legal proceeding or inquiry;
- when subpoenaed by the courts;
- where required by law;
- during periodic agency accreditation reviews case records, including relevant personal information will be shared to authorized representatives of Big Brothers Big Sisters of Canada.

In the event that confidential information is requested to support a custody or access application, or for any court matter other than a "child protection" case, the agency will only release the information if required to do so by a Judge's Order.

No staff member or volunteer shall use confidential information from the agency to advance any personal interest, financial or otherwise.

In accordance with Big Brothers Big Sisters of Canada's National Standards:

- No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agents, about parents, children or volunteers without their express prior written consent except where required by law.
- All information and records, including electronic records, shall be kept secure (for example, in a filing cabinet, desk, etc. under lock and key, password protected, etc.) and confidential at all times.

Case records will be accessible only to the Program Coordinator, President/CEO, Program Team Leads/ Supervisors, and in appropriate situations, other Program Coordinators.

.....

I understand the agency's policy around confidentiality and agree to abide by those rules.

Signature

Date



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Accessibility Training

Under the Accessibility Standards for Customer Service (Ontario Regulation 429/07) of the *Accessibility for Ontarians with Disabilities Act (AODA)*, every person who provides direct service to the public, or interacts with the public, on behalf of *York Region*, must receive training about how to serve customers with disabilities. This includes volunteers, students and employees of the service provider.

York Region has developed an Accessible Customer Service Training program to help accomplish this.

Big Brothers Big Sisters of York as an Agency with program funding from *York Region* is required to train all board, staff and volunteers involved in the delivery of service.

I have listened to and watched the York Region Accessible Customer Service Training video.

Full Legal Name (Please print): _____

Signature: _____

Date: _____



VOLUNTEER MENTOR PERSONAL CHECKLIST

To be presented upon submission of all documents

- Completed Mentor Application
Including:
 - References
 - Medical Reference (if requested)
 - Accessibility Training
 - Main intersection (residence/work – based on volunteer location)
- INDIRECT Volunteer Application (if applicable)
- Vulnerable Sector Screening (from your Police Service)
- Driver’s License (Community Based)
- Vehicle Insurance (Community Based)

OR

- Photo ID (School and Site Based)

I am committing to the following volunteer opportunities/programs, ranked in priority:

School/Site Based Programs Availability:
[day(s) and time(s)] _____

- I understand that I am entering into a minimum one year commitment, and I am able to make a minimum one year volunteer commitment, from the time that I am matched.

- I understand that in the event my application is not accepted a reason will not be provided by the agency.

Applicant Name (please print)

Applicant Signature

Date