

Mentor Application

Date: _____

Please consider this my formal application to volunteer with Big Brothers Big Sisters of Central Vancouver Island in the following program:

- | | |
|---|--|
| <input type="checkbox"/> Big Brothers Big Sisters | <input type="checkbox"/> In-School Mentoring |
| <input type="checkbox"/> Couples Matching | <input type="checkbox"/> Big Bunch |
| <input type="checkbox"/> Go Girls! | <input type="checkbox"/> Game On! |
| <input type="checkbox"/> Unsure | Other _____ |

Full Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Amount of time at this address: _____ How long have you lived in the area? _____

Email: _____

Emergency Contact: Name: _____ Phone: _____

Relationship: _____

How did you hear about this program?

- | | | |
|--|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Current Volunteers | <input type="checkbox"/> Special Event | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Billboard/Bus Shelter | <input type="checkbox"/> Former Little | <input type="checkbox"/> Website |
| <input type="checkbox"/> I've always known | <input type="checkbox"/> Other: _____ | |

Have you ever applied to be, or have been a volunteer with a Big Brothers Big Sisters agency in the past?

Yes No

If yes, when and where? _____

Why do you want to become a volunteer in the program now?

Employment

Employer: _____

Position: _____

How long have you worked there? _____ Work Hours: _____

Work Phone: _____ Can we call you at work? Yes No

If yes, during what hours? _____

Family

Marital status: Single____ Married____ Separated____ Divorced____ Common-Law____ Widowed____

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

Do you see any immediate changes in your life that would affect your ability to be a volunteer?

How does your family feel about you becoming a volunteer with Big Brothers Big Sisters of Central Vancouver Island?

Are you attending school? Yes No

If yes, what level and program: _____

Other

Have you ever been in trouble with the police? Yes No

If yes, please explain:

Have you ever been accused of, arrested, convicted of, or pardoned of any sexual offense?

Yes No

If yes, please use space below to provide explanation:



References

Personal Reference (must have known the applicant for **at least two years**)

Name: _____

Address: _____

City/Town: _____ Prov. _____ Postal Code: _____

Personal Phone: _____ Business Phone: _____ ext. _____

Email: _____

How long have you known this person? _____ In what capacity? _____

Vulnerable Sector Reference¹

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

Name: _____

Address: _____

City/Town: _____ Prov. _____ Postal Code: _____

Personal Phone: _____ Business Phone: _____ ext. _____

Email: _____

How long have you known this person? _____ In what capacity? _____

Significant Other (if does not apply, a family reference is required)

Name: _____

Address: _____

City/Town: _____ Prov. _____ Postal Code: _____

Personal Phone: _____ Business Phone: _____ ext. _____

Email: _____

How long 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 Central Vancouver Island (THE “AGENCY”)

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

By applying to volunteer with the Agency (“**Volunteer Application**”) and signing this Agreement, I acknowledge, understand and accept that:

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;

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;

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

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.

Assumption of Risk, Release and Reimbursement

I acknowledge, understand and accept that:

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;

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;

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; and

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 BBBSC, including payment of any and all legal expenses of the Agency, BBBSC and/or any of their member agencies.

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.



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.

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; and
- 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.

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 *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

Signature of Parent or Legal Guardian
(if required)

Parent or Legal Guardian Printed Name
(if required)

Date

