



Big Brothers Big Sisters

PEER MENTORING APPLICATION

FULL NAME _____
ADDRESS _____

BIRTHDATE _____
EMAIL _____

HOME PHONE _____

CELL _____

PHYSICIAN _____

HEALTH# _____

DO YOU HAVE A CRIMINAL RECORD _____

SPORTS, HOBBIES AND INTERESTS

OTHER ACTIVITIES, CLUBS, CHILDREN'S
GROUPS:

HOW DID YOU LEARN OF BIG BROTHERS BIG SISTERS PEER MENTORING?

- () FRIEND/RELATIVE () NEWSPAPER () TV () RADIO () I'VE ALWAYS KNOWN
- () INFO SESSION () SPECIAL EVENT (BOWL FOR KIDS SAKE, ETC)
- () FORMER MENTOR/MENTEE () WEB SITE () OTHER _____.

NAMES OF ANYONE YOU KNOW ACTIVE IN BIG BROTHERS BIG SISTERS _____

HAVE YOU EVER APPLIED TO ANY OTHER BIG BROTHER BIG SISTER AGENCY? IF YES WHERE?

Please answer the following questions. Keep in mind that your answers and information will be held in confidence in accordance with Big Brothers Big Sisters agency policy.

Why do you want to be a mentor to a grade ten student?

Describe any past experience that might make you a good mentor to a student in need of some extra support.

What strengths would you bring to a mentoring relationship?

Have you ever had a Mentor? How has someone helped you in your life?

What are your plans for the future?

Due to the nature of this type of volunteer work, references listed below must have known you for a minimum of 2 years. Out of town references are acceptable. Please include: one character, one academic, and one family reference.

CHARACTER REFERENCE

Name: _____

Phone Number: _____

Relationship to you: _____

Years known: _____

FAMILY REFERENCE

Name: _____

Phone Number: _____

Relationship to you: _____

ACADEMIC REFERENCE

Name: _____

Phone Number / Classroom Number: _____

Subject Taught: _____



Big Brothers Big Sisters

Once this application has been received by Big Brothers Big Sisters of Colchester, you will be contacted and an orientation will be arranged. Thank you for your time and interest.

"The undersigned acknowledges and agrees that (1) I acknowledge and accept that this application does not guarantee acceptance into the program and that the agency is under no obligation to accept or assign me as a volunteer in their program and is not obliged to provide a reason (2) This application and subsequent information in my file is the property of the agency (3) as part of the agency's assessment process, additional personal information will be elicited from the applicant, his/her references and others deemed relevant to making a positive match for Big Brothers and Sisters and Little Brothers and Sisters by professional agency personnel (4) The agency can share parts of the application within Big Brothers and Sisters of Canada's network of agencies (including name, date of birth, address, agency applied to and notice of acceptance or rejection.), (5) I give permission for the agency to release pertinent information regarding my file to the parent of the Child in the process of match selection as well as allow my file to be viewed by an Agency Reviewer for Big Brothers & Sisters of Canada, if requested (6) I hereby release and forever discharge the agency and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with them.

Signature of applicant

Date

Please Drop Off Your Completed Form ☺

If you have any questions please contact:

Sallie Murphy

Caseworker

Big Brothers Big Sisters of Colchester

(902) 843-3969

sallie@colchesterkids.ca

Parent Permission: Student Volunteers

I, _____, parent or guardian of _____, give permission for the above named to participate as a volunteer Mentor with the Big Brothers Big Sisters of Colchester Peer Mentoring Program. I understand the responsibilities of this position. I am aware that my teen will be mentoring a grade 10 student for 1 hour per week during school hours on school grounds only. I support my teen's involvement as a Mentor in the Peer Mentoring Program.

___ yes, I do.

___ no, I do not.

Media Consent:

**From time to time, the names and/or photos of volunteers and children are used to help us with volunteer & child recruitment. This includes use in community newspaper ads, photo albums, brochures, posters, slide shows, videos, information sheets, newsletters, and on our web site. I consent to use of my teen's photo in this way. (It is the parent/guardian's responsibility to notify the office if the status of this consent changes.)

___ yes, I do.

___ no, I do not.

Signature: _____ Date: _____