



APPLICATION FORM

Please return to:
Big Brothers Big Sisters of Colchester
26 Logan Street
Truro, Nova Scotia B2N 3Z3
Phone: 895-4562 FAX: 895-2169

Please consider this my formal application to volunteer with Big Brothers Big Sisters of Colchester. I am interested in the following program (please circle your choice).

Community-based Programs: **Big Brothers** **Big Sisters** **Big Couples**

School-based Programs: **In School Mentoring** **Peer Mentoring** **UnSure**

PLEASE PRINT OR TYPE:

Ms. Miss Mrs. Mr.	FIRST NAME:	INITIAL:	LAST NAME:
----------------------------	--------------------	-----------------	-------------------

ADDRESS:		APARTMENT:	CITY:	
PROVINCE:	POSTAL CODE:	PHONE (Daytime):	PHONE: (Evenings)	
E-MAIL:				

DATE OF BIRTH: (Month/Day/Year)	LENGTH OF TIME AT THIS ADDRESS:
	LENGTH OF TIME LIVING IN THE AREA:

DO YOU OWN OR HAVE ACCESS TO A VEHICLE?	WHO DO YOU KNOW INVOLVED WITH BBBS?
--	--

DO YOU FEEL YOU CAN SPEND TIME ON A CONSISTENT BASIS WITH A CHILD? (Generally, once a week)

HAVE YOU EVER BEEN, OR APPLIED TO BE, A VOLUNTEER WITH A BIG BROTHER BIG SISTER AGENCY IN THE PAST? IF "YES", PLEASE TELL US WHEN AND WHERE:

WHY DO YOU WANT TO BECOME A VOLUNTEER WITH BIG BROTHERS BIG SISTERS NOW?

REFERENCES

Due to the nature of this type of volunteer work, personal references should have known you for a minimum of two (2) years. Out of town references are acceptable.

1. PERSONAL REFERENCE:

NAME:		ADDRESS:		RELATIONSHIP:
CITY:	DAY PHONE:	EVENING PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?	
PROVINCE:	POSTAL CODE:	E-MAIL:		

2. PERSONAL REFERENCE:

NAME:		ADDRESS:		RELATIONSHIP:
CITY:	DAY PHONE:	EVENING PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?	
PROVINCE:	POSTAL CODE:	E-MAIL:		

3. FAMILY REFERENCE:

NAME:		ADDRESS:		RELATIONSHIP:
CITY:	DAY PHONE:	EVENING PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?	
PROVINCE:	POSTAL CODE:	E-MAIL:		

4. EMPLOYMENT/EDUCATION: (If recently unemployed/out of school, please give most recent employer or education reference; if never employed, please provide additional personal reference.)

NAME:		ADDRESS:		RELATIONSHIP:
CITY:	DAY PHONE:	EVENING PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?	
PROVINCE:	POSTAL:	E-MAIL:		

I hereby authorize Big Brothers Big Sisters to make such investigation as they deem proper regarding my background, personal or otherwise, and to determine the accuracy of the information furnished in this application and I release any individual, agency or organization from any liability for cooperating with Big Brothers Big Sisters by releasing requested information/opinion.

I understand that basic information about my application will be shared with Big Brothers Big Sisters of Canada on a confidential basis and I consent to sharing the information.

The undersigned acknowledges and agrees that (1) the agency is not obligated to accept, assign, or actively seek to assign, him/her a Little Brother/Sister and (2) as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel and (3) all files, letters, notes and information related to this application are the property of Big Brothers Big Sisters of Colchester.

Date: _____ Signature: _____