



**Big Brothers Big Sisters
of York**

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OUR PROGRAMS

Community Based Programs:

One-to-One Traditional or Flex-Time Program: Be a friend to a boy or girl aged 6-16 and spend time together for 3 to 4 hours on a weekly or bi-weekly basis. Matches are made based on shared interests and trained Caseworkers offer support and guidance throughout the match. Developing and maintaining a friendship with a child will provide the support and encouragement that will contribute to their development and help them grow into a confident, responsible adult. Activities may include: sports, playing in a park, arts and crafts, baking, movies, and video games just to name a few. Expected commitment for this program is a minimum of 18 months to 2 years. Volunteers are required to be 18 years and older for this program.

Big Buddy: Big Buddy is a variation of the Traditional and Flex-Time Big Brother and Big Sister programs where an adult female is matched with a Little Brother to provide support and encouragement through friendship. Expected commitment for this program is a minimum of 18 months to 2 years. Volunteers are required to be 18 years and older for this program.

Activity Nights/Program Events: Activity Nights and other program events are available to all accepted Bigs and Littles (matched or waiting). Activity Nights are held biweekly from September to June for 1½ hours in school gyms across York Region and Bradford West Gwillimbury. This is a great opportunity for participants to meet one another while taking part in various activities, such as basketball, dodge ball, soccer and octopus.

School-Based Programs:

In-School Mentoring (ISM): ISM is a one-to-one mentoring relationship, which takes place during school hours in various elementary schools throughout York Region and Bradford West Gwillimbury. Children in this program are identified by school staff and are matched with caring adults who help to motivate them and build their self-esteem. Activities may include sports, playing board games, crafts, and talking. Volunteers are required to be 18 years and older for this program. Expected commitment for this program is 1 hour a week from September to June.

Teen Mentors: The Teen Mentors program is a variation of the In-School Mentoring Program, where high school students, ages 16 to 17 years, spend time with a child at a local elementary school. This is an opportunity to enhance the life of a younger peer through consistent involvement in their life. Expected commitment for this program is 1 hour a week from September to June.

The Club: The Club is an after-school program in which volunteers act as peer leaders to assist children with homework. Volunteers are required to be 16 years and older for this program. Expected commitment for this program is 1 hour a week from September to June.

Go Girls!: *Go Girls!* Is a program that promotes active living, balanced eating and feeling good for adolescent females between the ages of 12 and 14 years. Female volunteers, ages 18 to 25 years, are trained to lead weekly sessions for approximately 7 weeks. These sessions offer a fun and interactive opportunity for girls to make new friends, share stories, feel motivated and increase self-esteem. Volunteers are asked to commit to the duration of the school year (September to June).

Indirect Volunteers and Student Placements:

Indirect Volunteers: Indirect volunteers assist BBBSY in a variety of ways, including fundraising events and office assistance. Please inquire for more information.

Student Placement: Big Brothers Big Sisters of York is proud to provide high school, SSW and BSW students with opportunities for a hands-on learning experience. Please inquire to find out which opportunities may be available for your program.



The Process of Becoming a Volunteer

Step 1: Attend an Information Session in your area. Here you will find out more information about our programs and have the opportunity to ask any questions that you might have. If you like what you hear and would like to complete the process to become a volunteer, you will be provided with an application package and a request form for a police check. You will also be required to sign up for a Volunteer Safety Training. The Information Session will take approximately 1½ hours and you must contact the office to sign up. Please contact our office to find out the date and location of upcoming sessions.

Step 2: Complete and return an application package. Please pick up your application package at the Information Session or download one from our website. Once you have completed the application package, in full, please return it to our office via fax, mail or in person. You are also welcome to bring your completed application to the Volunteer Safety Training.

Step 3: Submit your request for a police check. Please pick up your Vulnerable Sector Screening police check form at the Information Session or online. Police check forms may be submitted at the YRP location on Yonge Street in Newmarket or at the YRP Community Resource Centre in the Hillcrest Mall. Once your police check has been completed, please bring the **original copy** to the Volunteer Safety Training or directly to the agency.

Please note that there is a \$20.00 charge associated with a police check request.

Step 4: Attend the Volunteer Safety Training. Please sign up for the Volunteer Safety Training at the time of the Information Session. The Volunteer Safety Training will prepare you for your match by discussing the roles and responsibilities of a volunteer. You will also explore common situations that may arise between volunteers and Littles. This training is mandatory and takes approximately 2 hours. If you are unable to attend the training you are registered for, please contact the agency as soon as possible to reschedule.

Step 5: References, which you supplied on your application, will be contacted via telephone.

Step 6: Assessment. Once you have completed steps 1 through 5, the Casework Assistant will review your file. If all materials have been submitted without concern, your file will be transferred a Caseworker. Your designated Caseworker will contact

you to arrange an assessment. Assessments take place in-home or at the agency (the home visit is not a requirement for school-based programs). For in-home assessments, your Caseworker will come to your home to conduct your assessment and to meet any other residents/frequent visitors in your home. Assessments take approximately 1½ hours and consist of many in-depth questions. Subjects include: family history (including your childhood, adolescence and early adult years), relationships, parenting, friendships and other relationships, personality, lifestyle/home, safety, experience with children, motivations/time commitments, match expectations and match preferences. Some of the questions asked during the assessment are highly personal. Personal information collected at the assessment is confidential. We do share information pertaining to your placement. Information shared with parents/guardians may include: your interests, occupation, age, living situation, and why we think you are a good match for child. Information shared with the school for school-based programs may include: your interests, occupation, and child characteristics you would best be matched with.

Step 7: Matching. If you successfully complete steps 1 through 6 and are accepted as a volunteer, the matching process begins.

Traditional programs: In traditional programs, matches are made taking into account personalities and interests of all involved. Once a possible match has been identified, you will attend a match meeting with the Little, his/her parent/guardian and your Caseworker (in some cases, volunteers and parents/guardians may meet without the Little in a pre-match meeting). Each of you will be given the option to continue with a match or continue looking. If everyone agrees to the match, the match contract is signed, the rules and expectations of the program are reviewed, and plans for the first visit are put in place. The Caseworker will always be available to support you and will contact you periodically to review how the match is going (see Step 8).

School-Based programs: Your Caseworker will work with the School Liaison to identify a potential match. The Caseworker will provide you with any pertinent information regarding the child you will be matched with and you will be introduced to the child at the school.

Step 8: Follow Up. During the initial meeting, the Caseworker will explain the amount of contact that you are required to have with the agency for the duration of your match. We strongly encourage you to contact your Caseworker during the assigned times throughout the duration of your match.

****Please note that the agency has no obligation to accept every volunteer applicant, and does not need to give reasons for rejection.**



Volunteer Application Form

Please note that the information provided in this application will be held strictly confidential. Please ensure the application is completed **in full** – incomplete applications will not be reviewed.

Date of Application: _____

Program Interest:

- Big Brother Big Sister Big Buddy Program Events/Activity Nights
 ISM Teen ISM The Club Student Placement Indirect Volunteer
-

Personal Information:

Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

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: _____

Ethnic origin (*optional for statistical purposes*): _____

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 Separated Common-Law
 Married Divorced Widow

Partner's name: _____

Children:

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

Ages of Girls: _____ Ages of Boys: _____

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 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

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

Driver's License Number: _____

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

Name of Employer: _____

Job Title: _____

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 Big Brother, Big Sister, Mentor, *Go Girls!* Leader or Big

Bunch Leader? Name: _____ Agency: _____

How did you find out about Big Brothers Big Sisters of York?

- | | | |
|---|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Special Events | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Signage | <input type="checkbox"/> Former Volunteer / Little |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Always known |
| <input type="checkbox"/> Current Volunteer / Little | <input type="checkbox"/> Friend / Family | <input type="checkbox"/> Other: _____ |

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? Yes No. If "yes", please explain:

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

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" to any of the above, please explain:

Interests:

What are your interests, hobbies or activities?

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 Brother/Little Sister?

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:

Please describe your ideal Little Brother / Little Sister (i.e.: age, race, religion, etc.). How do you picture your relationship with your Little?

Location of Little Brother / Little Sister:

Please check off the locations you are available to travel to in order to meet with your Little Brother/ Little Sister on a regular basis.

- | | |
|--|---|
| <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 |

Signature _____

Date _____

For Office Use Only:	
Date Application Sent Out: _____	Date Received: _____
Send Form 14: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Send Doctor's Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Additional Intake Feedback:	

Close File: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Caseworker: _____	Date: _____

References: Please note that each reference must be at least 18 years of age or older and that you are required to have known your references for at least two years. Please advise references that they will be contacted.

Character 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? _____

Employment/School/Volunteer 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? _____

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? _____

Spouse/Partner Reference (if 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? _____

I hereby waive the right to request disclosure of the personal reference information given about me by the individuals indicated above:

Signature

Date



Volunteer Permission & Release Form

I hereby authorize Big Brothers Big Sisters of York to contact any or all of the references listed herein for the purposes of processing my application to become a volunteer in the Agency's program. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Department or other organization to release information and copies of documents pertaining to myself to Big Brothers Big Sisters of York in order to consider my application to volunteer in the Agency's Program, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers Big Sisters of York is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I hereby release and forever discharge Big Brothers Big Sisters of York, 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 Big Brothers Big Sisters of York.

If I am matched, I understand that I am solely responsible for the care of, and will supervise, the Child with whom I am matched during outings and activities.

I give permission for Big Brothers Big Sisters of York to release pertinent information regarding my file to the parent/guardian of the Child in the process of match selection. Further, I agree to allow my file to be viewed by Agency Reviewers for Big Brothers Big Sisters of Canada, at the time of the agency review, should it be requested. I further grant Big Brothers Big Sisters of York permission to release my name, date of birth, agency applied to and notice of acceptance, rejection (OR WITHDRAWAL) to Big Brothers Big Sisters of Canada and for relevant details to be shared within the movement.

I understand this application and subsequent information in my file is the property of Big Brothers Big Sisters of York. I understand that if Big Brothers Big Sisters of York should cease operation, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained by Big Brothers Big Sisters of Canada for a period ending 100 years after the close of my final match.

The implications of the waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

Printed Name

Signature of Applicant

Date

** Release to share information with other professionals will expire within one year of the above date.

Media Consent Form – Volunteer

Big Brothers Big Sisters of York requires consent to use any photographs, audio and/or video recordings of yourself as taken or produced by media personnel and/or Association Members and/or Association Staff for the purpose of publicizing and promoting the work of the Association. By giving consent you further waive any claim which you may have against Big Brothers Big Sisters of York arising from the use of such photographs, audio and/or video recordings of yourself, as aforesaid.

This consent and waiver shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of York unless otherwise revoked.

I hereby give consent:

I hereby do not give consent:

Date

Signature of Volunteer

Date

Signature of Witness

** It is your responsibility to notify the office if the status of this consent changes.

Confidentiality Policy

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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.

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, which could result in the disclosure of confidential information without written consent from the person;
- When subpoenaed by the courts;
- Where required by the law.

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 Nation 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 Caseworker, Executive Director, and in appropriate situations, other Caseworkers.



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

Signature

Date

Signature of Witness

Date



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.

Name: _____

Signature: _____

Date: _____

Volunteer Driver's Pledge Form

As a volunteer of *Big Brothers Big Sisters of York*, I understand that my safety and the safety of others, especially my Little, is paramount. I understand that driving, as a volunteer is a privilege, not a right and therefore I agree to:

1. Provide a photocopy of my driver's license and car insurance as evidence of my current status as a driver in Ontario and a copy of my current vehicle insurance.
2. Comply with all laws and regulations concerning driving, including laws pertaining to the use of seatbelts, child safety seats, cell phone use and speed limits.
3. Ensure that my Little is restrained with a seatbelt in the correct manner.
4. Notify my Caseworker of any traffic citations I receive, even if given while driving on my personal time.
5. Promptly notify the Guardian of my little of any road conditions that might affect my safety and the safety of the Little I am driving.
6. Avoid alcohol and cigarette smoking while in the car with the little.
7. If involved in an accident, I agree to complete an Incident Report provided by *Big Brothers Big Sisters of York* and to cooperate with the police.

I pledge that if I drive my own vehicle on behalf of *Big Brothers Big Sisters of York*, adequate insurance will always be in force; and also I understand that as a volunteer driver, the limits and coverage's provided by my personal automobile insurance are applicable to any accidents that involve my vehicle, including those that occur while I am serving as a volunteer for *Big Brothers Big Sisters of York*.

Signature

Name

Date