



**Big Brothers Big Sisters  
of York**

145 Main Street South  
Newmarket, ON L3Y 3Y9  
Phone: (905) 895-0289

Fax: (905) 895-6581  
[general@bbbsy.ca](mailto:general@bbbsy.ca)  
[www.bbbsy.ca](http://www.bbbsy.ca)

## 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:** \_\_\_\_\_

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### Program Interest:

- Big Brother     Big Sister     Big Buddy     Couples     Family     Program Events/Activity Nights  
 ISM             Teen ISM     The Club     *Go Girls!*     *Girls in Action!*  
 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: \_\_\_\_\_

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**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:

\_\_\_\_\_

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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:

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Employment:**

Are you currently employed?  Yes  No

Full Time  Part Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

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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:

\_\_\_\_\_

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Please describe all of your previous volunteer experiences:

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

If "yes", please list the organizations:

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**Health:**

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

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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:

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

If "yes", please explain:

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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:

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

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**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:

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**Interests:**

What are your interests, hobbies or activities?

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

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**Motivation:**

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

How long have you been thinking about volunteering?

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

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

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How do you think you will benefit from this experience?

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

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

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**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?

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**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.

- Aurora
- Newmarket
- Sharon
- King
- Bradford West Gwillimbury
- East Gwillimbury
- Georgina
- Richmond Hill
- Markham
- Thornhill
- Maple
- Woodbridge
- Whitchurch-Stouffville
- Kleinburg

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>For Office Use Only:</b>	
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.*

I hereby waive the right to request disclosure of the personal reference information given about me by the individuals indicated below:	
_____	_____
<b>Signature</b>	<b>Date</b>
<b>Employment/School/Volunteer Reference</b>	
Name: _____	
Address: _____	
City: _____ Province: _____ Postal Code: _____	
Home Phone: _____ Work Phone: _____	
Cell Phone: _____ Email: _____	
How many years have you known this person? _____ In what capacity? _____	
<b>Family Reference</b>	
Name: _____	
Address: _____	
City: _____ Province: _____ Postal Code: _____	
Home Phone: _____ Work Phone: _____	
Cell Phone: _____ Email: _____	
How many years have you known this person? _____ In what capacity? _____	
<b>Spouse/Partner Reference</b> (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? _____	



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## Volunteer Permission & Release Form

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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.



# 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 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 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**

# 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.
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 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*.

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**Signature**

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**Date**