



APPLICATION FOR *Big Brothers & Big Sisters*

Please return to:
 Big Brothers Big Sisters of Greater Halifax
 Box 307, (86 Ochterloney St.)
 Dartmouth, NS B2Y 3Y5
 Phone: 466-KIDS (5437) FAX: 465-4281

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

Community-based programs:

Big Brothers Big Sisters Joyful Hands

School-based programs:

In-School Mentoring BigBunch Go Girls! UNSURE

PLEASE PRINT OR TYPE:

Ms. Miss Mrs. Mr.	FIRST NAME:	INITIAL:	LAST NAME:
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ADDRESS:		APARTMENT:	CITY:
PROVINCE:	POSTAL CODE:	PHONE (Daytime):	PHONE (Evenings):
E-MAIL:			

DATE OF BIRTH: (MONTH/DAY/YEAR) (example: September 10, 1952)	LENGTH OF TIME AT THIS ADDRESS: LENGTH OF TIME LIVING IN THE AREA:
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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?	
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?	

Please complete the reverse side of this application form.

REFERENCES:

Due to the nature of this type of volunteer work, personal references should have known you for a minimum of three (3) years. Out of town references are acceptable but we ask that there be no more than two (2) as part of this application.

1. PERSONAL REFERENCE:

NAME:		ADDRESS:		RELATIONSHIP:
CITY:		DAY PHONE:	EVEN. PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?
PROVINCE:	POSTAL:	E-MAIL:		
PREFERRED METHOD AND TIME TO CONTACT:				

2. PERSONAL REFERENCE:

NAME:		ADDRESS:		RELATIONSHIP:
CITY:		DAY PHONE:	EVEN. PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?
PROVINCE:	POSTAL:	E-MAIL:		
PREFERRED METHOD AND TIME TO CONTACT:				

3. FAMILY REFERENCE:

NAME:		ADDRESS:		RELATIONSHIP:
CITY:		DAY PHONE:	EVEN. PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?
PROVINCE:	POSTAL:	E-MAIL:		
PREFERRED METHOD AND TIME TO CONTACT:				

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:	EVEN. PHONE:	HOW LONG HAVE YOU KNOWN THIS PERSON?
PROVINCE:	POSTAL:	E-MAIL:		
PREFERRED METHOD AND TIME TO CONTACT:				

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 that information.

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon, to perform the volunteer services hereby applied for; and (2) the agency is not obligated to accept, assign, or actively seek to assign, him/her a Little Brother/Sister; and (3) as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel; and (4) all files, letters, notes and information related to this application are the property of Big Brothers Big Sisters of Greater Halifax.

Date: _____ Signature: _____

