

In-School/After School Mentor Application Form

Full Name _____

Address _____ Postal Code _____

Home Phone _____ Cell Number _____

Email Address _____ Birth Date _____

How long have you lived in the area? _____

Indicate your status: Student Retired Work Full Time
 Work Inside Home Unemployed

Motor Vehicle Available? yes no

If no, describe an alternate plan for transportation _____

Have you ever volunteered with a youth-serving organization before? yes no

If so, where and when? _____

Explain the reason you want to volunteer with Big Brothers Big Sisters. _____

What qualities do you have to offer a child? _____

Describe the child you would feel most comfortable with (age, energy, interests, background, etc). _____

Describe any training, education, paid or unpaid work that would assist you in your position as a mentor, and or any experience you have with children between the ages of 6 and 15 years of age.

Are you anticipating changes in your life over the next year? (job, moving, marital status, children)?

yes no If yes, please describe _____

Please list any clubs or organizations you are a member of: _____

Describe your hobbies and interests _____

When are you most available (day of the week and time)? _____

Have you ever been charged, convicted or pardoned of a criminal offence? yes no

Please take the Criminal Record Check form to the RCMP detachment. They will require you to present picture identification when you submit the form. Please advise them that it is for becoming a volunteer with Big Brothers Big Sisters.

The Agency requires the names of THREE references for an In-School Mentoring applicant. Please complete all the information for each individual. Please let references know that we will contact them.

1. An **employer, supervisor, or instructor** who has known you for at least TWO years:

Name _____ Occupation/ Profession _____

Address _____ City/ Prov. _____

Postal Code _____ Email _____

Home Phone _____ Work: _____ Cell: _____

Fax number: _____

Describe how they know you _____ and for how long _____

2. A **blood relative** who has known you for at least TEN years:

Name _____ Occupation/ Profession _____

Address _____ City/ Prov. _____

Postal Code _____ Email _____

Home Phone _____ Work: _____ Cell: _____

Fax number: _____

Describe how they know you _____ and for how long _____

3. A **person, not blood related**, who has known you for at least TWO years:

Name _____ Occupation/ Profession _____

Address _____ City/ Prov. _____

Postal Code _____ Email _____

Home Phone _____ Work: _____ Cell: _____

Fax number: _____

Describe how they know you _____ and for how long _____

I declare that the information provided is true and correct to the best of my knowledge.

Signature

Date