



# Big Brothers Big Sisters of Woodstock & District Association, Inc.



912 Dundas Street, Woodstock, ON N4S 1H1  
Phone: 519-537-6404 Fax: 519-537-8282

## Online Volunteer Application

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Date: \_\_\_\_\_

Please consider this my formal application to volunteer with Big Brothers Big Sisters of Woodstock & District Association Inc. in the following program:

- |  |  |
|--|--|
| <input type="checkbox"/> Traditional Big Sister  | <input type="checkbox"/> In-School Mentoring     |
| <input type="checkbox"/> Traditional Big Brother | <input type="checkbox"/> Mentoring (Teen, Co-op) |
| <input type="checkbox"/> Couples Match           | <input type="checkbox"/> Fundraising Committee   |
| <input type="checkbox"/> Summer Big Sister       | <input type="checkbox"/> Board Member            |
| <input type="checkbox"/> Big Sister for a Day    | <input type="checkbox"/> Other: _____            |

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ How long have you lived in the area? \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can we call you at work?  Yes  No

If yes, during what hours do you work? \_\_\_\_\_

Please list any specialized skills that you have or courses which may assist with this type of volunteer work: \_\_\_\_\_  
\_\_\_\_\_

We require police checks on anyone 18 years or older, in your home. How many people over the age of 18 reside in your home? \_\_\_\_\_

Driver's License Information: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Air bags in auto:  Yes  No

How did you hear about this program?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> TV                    | <input type="checkbox"/> Radio         | <input type="checkbox"/> Newspaper       |
| <input type="checkbox"/> Current Volunteers    | <input type="checkbox"/> Special Event | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Billboard/Bus Shelter | <input type="checkbox"/> Former Little | <input type="checkbox"/> Website         |
| <input type="checkbox"/> I've always known     | <input type="checkbox"/> Other: _____  |  |

Have you ever been, or applied to be, a volunteer with a Big Brother/Big Sister agency in the past?  Yes  No

If yes, please indicate where and when: \_\_\_\_\_

Why do you want to become a volunteer? \_\_\_\_\_

\_\_\_\_\_

**References --** All references must have known the applicant for **at least two years**.

**Character Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ years

In what capacity? \_\_\_\_\_

**Employment/Volunteer Work Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ years

In what capacity? \_\_\_\_\_

**Family Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

**Medical Reference**

Doctor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Volunteer Interests**

If you have a preference for a particular age, then please mark your preference:

**(1 = 1<sup>st</sup> choice, 2 = 2<sup>nd</sup> choice, 3 = 3<sup>rd</sup> choice)**

\_\_\_\_\_ 6-10 yrs.      \_\_\_\_\_ 11-13 yrs.      \_\_\_\_\_ 14-16 yrs.

According to National Standards we must get the permission of a parent of any applicant under the age of 18 years. If you are under the age of 18 years please request a parental consent form.