



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



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

Volunteer Application

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 = 1st choice, 2 = 2nd choice, 3 = 3rd 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.

APPLICANT SIGNATURE _____

DATE _____

UPON COMPLETION OF THIS FORM PLEASE CONTACT ONE OF OUR CASEWORKERS AT 519-537-6404 TO START THE NEXT STEP. WE LOOK FORWARD TO MEETING YOU.