



Please check which Agency you are applying to:

Table with 4 columns: Grimsby Lincoln and West Lincoln, Niagara Falls, South Niagara, St. Catharines Thorold & District. Each column contains contact information and website URLs.

What program(s) are you applying for:

- Traditional Big Brother/Big Sister
In-School Mentoring
Game On!
High School Co-op
Go Girls!
Other

First Name: Middle Name: Last Name:

Other Name(s): Date of Birth (mm/dd/yyyy): Gender:

Permanent Address: City: Prov:

Postal Code: Home Phone: Cell Phone:

Current Address (while at school): City: Prov:

Postal Code: Home Phone: Cell phone:

Driver's Licence #: Email:

Do you own or have access to a vehicle? Yes No

Does your vehicle have passenger-side airbags? Yes No

Do you have \$1,000,000.00 liability car insurance? Yes No

Are you aware of the current child booster seat law? Yes No

Education

Level Completed: High School Trade College University Other:

Are you presently a student? No Full-time Part-time

Post-Secondary School(s) Attended/Attending:

Degree(s) Completed or In-Process:

Employment

Employer: Position:

Length of Time at present employment: Working Hours:

Family Information

Marital status: single separated engaged common-law
married divorced widowed

Number of Children:

Emergency Contact

Name: Relationship:

Home Phone: Cell Phone:

Other Information

Have you ever been in trouble with the Police? Yes No

If yes, please explain and provide dates:

Have you ever been accused, arrested or convicted of a sexual offense involving a child(ren) or any criminal offense(s)? Yes No If yes, explain: _____

Have you ever been, or applied to be a volunteer with a Big Brother/Big Sister agency in the past?

Yes No If so, where and when? _____

Please list any other affiliations or organizations? _____

How long have you thought about volunteering with this agency? _____

How did you hear about this program? _____

Why do you want to become a volunteer? _____

What are your interests, hobbies or activities? _____

Can we send you information on helping with our Special Events? Yes No

Vulnerable Sector Reference: ** (Mandatory if you have volunteered or worked in the vulnerable sector)

Name: _____ Email: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home#: _____ Work# : _____ Cell#: _____

How long have you known this person? _____ Relationship: _____

Partner Reference (Significant Other): ** (Mandatory if applicable)

Name: _____ Email: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home#: _____ Work# : _____ Cell#: _____

How long have you known this person? _____ Relationship: _____

Character Reference (i.e. Friend): (Must have known you for at least two years)

Name: _____ Email: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home#: _____ Work# : _____ Cell#: _____

How long have you known this person? _____ Relationship: _____

Employer/Volunteer Reference: (Mandatory only if you do not have a "Vulnerable Sector Reference")

Name: _____ Email: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home#: _____ Work# : _____ Cell#: _____

How long have you known this person? _____ Relationship: _____

Family Reference: (Mandatory only if you do not have a partner)

Name: _____ Email: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home#: _____ Work# : _____ Cell#: _____

How long have you known this person? _____ Relationship: _____

Signature: _____

Date: _____

