



# PROGRAM ENROLMENT FORM

We thank you for your interest in our programs and taking the time to complete this application. All prospective volunteers for Big Brothers Big Sisters of Red Deer and District, Boys and Girls Clubs of Red Deer and District and/or Youth HQ and the programs offered here must complete this application.

Volunteers are considered members of the organization and are entitled to receive the same information, supports and opportunities offered to all members.

**DATE:**

**NAME:**

**PLEASE CHECK THE PROGRAM(S) YOU ARE INTERESTED IN BEING INVOLVED WITH:**

Big Brother or Big Sister    Site Based (In-School Mentoring)    Teen Mentoring    bgc (Boys & Girls Club)  
Couples Match    Virtual    Pan Pal    Camp Alexo    Youth in Care    Practicum Student    Special Events

**PRESENT ADDRESS:**

City:

Postal Code:

**PHONE NUMBERS:**

Home:

Cell:

Work:

Best time to contact you:

**EMAIL ADDRESS:**

**EMERGENCY CONTACT & PHONE #:**

Relationship:

Born in Canada? Yes    No

What is your heritage/cultural identity?

**PRESENT EMPLOYMENT:**

Employer:

Position:

Location:

Length of employment:

Name/email Contact for Direct Supervisor:

**PREVIOUS EMPLOYMENT:**

Employer:

Position:

Length of employment:

**CURRENT/PREVIOUS VOLUNTEER EXPERIENCE:**

Have you ever been or applied to be a volunteer with Big Brothers Big Sisters or Boys & Girls Club agency? in the past? Yes    No    If yes, where and when?

Have you ever applied to be a volunteer and had your application denied? Yes    No

Why do you want to volunteer now?

**PLEASE TELL US ABOUT YOURSELF:**

What clubs, groups, teams, interests, and activities are you involved in?

Level Completed/Currently Taking:

High School    College    University    Trade School    Other Program:

Please indicate any of the following or other special certificates you possess:

1<sup>st</sup> Aid / CPR    Driver’s License Class:    Other:

**REFERENCES:**

Please touch base with references before providing their contact information, as they should give permission for their information to be submitted. References should have had contact with you in the past 12 months. Complete all reference information in full.

**Significant Other of Family** (if no significant other exists, a family reference is required)

Name:    Relationship:

Length of time known:

Best method to contact this person:    Email    Phone

Contact Information:    Phone Number:    Email Address:

**Personal Reference** (must have known the applicant for at least **two years**)

Name:    Relationship:

Length of time known:

Best method to contact this person:    Email    Phone

Contact Information:    Phone Number:    Email Address:

**Vulnerable Sector/Employment** (if no vulnerable sector experience exists within **five years**, employment reference is required)

Name:    Relationship:

Length of time known:

Best method to contact this person:    Email    Phone

Contact Information:    Phone Number:    Email Address:

**Additional Reference:** (required if one of the above references do not meet the **two-year** minimum timeframe)

Name:    Relationship:

Length of time known:

Best method to contact this person:    Email    Phone

Contact Information:    Phone Number:    Email Address:

**Vulnerable Sector or Child Intervention Checks**

Having a Vulnerable Sector or Child Intervention history will not necessarily disqualify you from being considered as a volunteer for the agency. In such an event, details regarding the record would be reviewed.

Youth HQ reserves the right to suspend or deny your volunteer involvement with our organization at any time.

Is there any information you wish to bring to our attention prior to the submission of your application?

Yes    No

If yes, please provide details:

**Signature of Applicant**

**Applicant Printed Name**

**Date**

**Signature of Witness**

**Witness Printed Name**

**Date**