

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, BGC 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, support and opportunities offered to all members.

NAME: _____ Date of Application: _____
Preferred pronouns (optional) _____ Are you over the age of 18? ___Yes ___No

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

- Community-Based Mentor (Big Brother/Sister/Sibling)
- Site Based (In-School Mentoring)
- Teen Mentoring
- Youth or Young Adults in Care
- Couples Match
- BGC
- Camp Alexo
- Practicum Student
- Special Events
- Staff
- Other (please identify) _____

PRESENT ADDRESS: _____ City: _____

Postal Code: _____ **E-MAIL ADDRESS:** _____

PHONE NUMBERS: Home: _____ Cell: _____ Work: _____
Best time to contact you _____

EMERGENCY CONTACT & PHONE #: _____
Relationship: _____

PRESENT EMPLOYMENT:

A) Employer: _____
Location: _____ Position: _____
Length of employment: _____
Name/e-mail Contact for Direct Supervisor _____

PREVIOUS EMPLOYMENT:

A) 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 BGC 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? _____

How did you hear about us? _____

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:

1st 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 or Family (if no significant other exists, a family reference is required)

Name: _____ Relationship: _____

Length of time known? _____ Best method to contact this person? ___ e-Mail ___ PHONE

Contact Information: Phone Number: _____ e-Mail 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? ___ e-Mail ___ PHONE

Contact Information: Phone Number: _____ e-Mail Address _____

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

Name: _____ Relationship: _____

How long have you known this person? _____

Length of time known? _____ Best method to contact this person? ___ e-Mail ___ PHONE

Contact Information: Phone Number: _____ e-Mail Address _____

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

Name: _____ Relationship: _____

How long have you known this person? _____

Length of time known? _____ Best method to contact this person? ___ e-Mail ___ PHONE

Contact Information: Phone Number: _____ e-Mail 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