



BIG BROTHER APPLICATION FORM

Name: _____ Birthdate: _____ / _____ / _____
(first) (initial) (last) (month) (day) (year)

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____ # of years in Sarnia-Lambton: _____

E-mail Address: _____ Drivers Licence #: _____

Employer: _____ Address: _____

Work Phone #: _____ Occupation: _____ Years at present job: _____

Marital Status: Single() Married() Common-law() Divorced() Widow() Partner's Name: _____

of years in relationship _____ Ages of your children (if any) Boys _____ Girls _____

Age preference of Little Brother: () 6-8 () 9-11 () 12- 14

Sports, Hobbies, Interests: 1) _____ 2) _____

3) _____ 4) _____ 5) _____

Other Activities (clubs, organizations): 1) _____ 2) _____

3) _____ 4) _____ 5) _____

How did you learn of Big Brothers? _____

Name anyone you know who is active in Big Brothers: _____

** (Due to the nature of this type of volunteer work, references listed below must have known you for **at least two years**. Please include a character reference, employment/volunteer work reference, and a family reference).

CHARACTER

Name: _____ Address: _____ City: _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

How long have you known this person? _____ In what capacity? _____

EMPLOYMENT/VOLUNTEER WORK

Name: _____ Address: _____ City: _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

How long have you known this person? _____ In what capacity? _____

FAMILY

Name: _____ Address: _____ City: _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

How long have you known this relative? _____ How related? _____

Volunteer Permission and Release Form

I hereby authorize Big Brothers of Sarnia-Lambton to contact any or all of the references listed herein for the purposes of processing my application to become a volunteer in the Agency's program. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Department or other organization to release information and copies of documents pertaining to myself to Big Brothers of Sarnia-Lambton in order to consider my application to volunteer in the Agency's Program, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers of Sarnia-Lambton is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I hereby release and forever discharge Big Brothers of Sarnia-Lambton, and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Big Brothers of Sarnia-Lambton.

If I am matched, I understand that I am solely responsible for the care of, and will supervise, the Child with whom I am matched during outings and activities.

I give permission for Big Brothers of Sarnia-Lambton to release pertinent information regarding my file to the parent of the Child in the process of match selection. Further, I agree to allow my file to be viewed by Agency Reviewers for Big Brothers Big Sisters of Canada, at the time of the agency review, should it be requested. I further grant Big Brothers of Sarnia-Lambton permission to release my name, date of birth, agency applied to and notice of acceptance, rejection (OR WITHDRAWAL) to Big Brothers Big Sisters of Canada and for relevant details to be shared within the movement.

I understand this application and subsequent information in my file is the property of Big Brothers of Sarnia-Lambton. I understand that if Big Brothers of Sarnia-Lambton should cease operation, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained by Big Brothers Big Sisters of Canada for a period ending 75 years after the close of my final match.

The implications of the waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

Printed Name

Signature of Applicant

Date

Note: Release to share information with other professionals will expire within one year of the above date.