

Please return by email, fax, mail or drop-off in person to:

Big Brothers Big Sisters of Prince George
777 Kinsmen Place, Prince George BC V2M 6Y7
Phone: 250-563-7410 Fax: 250-564-5217
Email: reception@bbbspvg.ca Additional info on our website: www.bbbspvg.ca

Big Brothers Big Sisters of Prince George supports diversity and welcomes all applicants.

Personal Information

Name:		Date of Birth: Month/Day/Year	
Gender: (Check One)	<input type="checkbox"/> Female <input type="checkbox"/> Male		

Current Address/Contact Information

Home Address:		Postal Code:	
Mailing Address (if different)			
Home Phone:		Cell Phone:	
Work Phone:		Email Address:	
Best way to contact you :	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work <input type="checkbox"/> Other _____		
Emergency Contact Person:			
Emergency Contact Phone:			

Where Did You Hear About Us?

<input type="checkbox"/> Brochure	<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> Friend	<input type="checkbox"/> Current Mentor	<input type="checkbox"/> Past Mentor	<input type="checkbox"/> Television
<input type="checkbox"/> Former Little	<input type="checkbox"/> Little	<input type="checkbox"/> Information Booth	<input type="checkbox"/> Special Event
<input type="checkbox"/> Parent	<input type="checkbox"/> Alumni	<input type="checkbox"/> Other	

Please explain why you want to become a mentor in the Big Brothers Big Sisters Program:

Why now?

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References – We require that your references be 19+ years old and that they have known you for **at least 2 years**. Please inform your references that we will be contacting them. Additional references may be required if employer/volunteer requirements are not met.

Character Reference #1 (May not be a family member)

Full Name:	
Home Phone:	Cell/Work Phone:
Address:	City, Province:
Postal Code:	Email:
Years this reference has known you:	Relationship to you:
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Work Phone	

Character Reference #2 (May not be a family member)

Full Name:	
Home Phone:	Cell/Work Phone:
Address:	City, Province:
Postal Code:	Email:
Years this reference has known you:	Relationship to you:
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Work Phone	

Family Member Reference

Full Name:	
Home Phone:	Cell/Work Phone:
Address:	City, Province:
Postal Code:	Email:
Years this reference has known you:	Relationship to you:
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Work Phone	

Current or Previous Employer/Mentor Reference (May not be a family member)

Full Name:	
Home Phone:	Cell/Work Phone:
Address:	City, Province:
Postal Code:	Email:
Years this reference has known you:	Relationship to you:
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Work Phone	

I acknowledge the above information to be true and accurate.

Signed: _____ Date: _____

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Permission and Release Form

I hereby authorize Big Brothers Big Sisters of Prince George to contact any or all of the references that I have provided herein, as well as any references I may provide at will in the future (such as a medical reference, should this be needed), for the purpose of processing my application to become a mentor 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 acknowledge and accept that this application does not guarantee acceptance into the program. Big Brothers Big Sisters of Prince George is under no obligation to accept or assign me as a mentor in their programs, nor obligated to provide a reason. If my application to mentor is approved, I will abide by the job description and/or code of conduct related to my position. I also agree to abide by the confidentiality guidelines of the Agency.

I give my permission for the Agency to release pertinent information regarding my file to the child's parent (for community-based program) or the child's school (for school-based programs) in the process of match selection. Further, I agree to allow my file to be viewed by an Agency Reviewer for Big Brothers Big Sisters of Canada, at the time of the Agency review, should it be requested. I further grant Big Brothers Big Sisters of Prince George permission to release my name, date of birth, address, agency applied to, and notice of acceptance or rejection to Big Brothers Big Sisters of Canada and for pertinent facts to my status to be shared within the movement, but not outside of it.

I understand that this application and subsequent information on my file is the property of Big Brothers Big Sisters of Prince George and that if the Agency closes, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained for a period ending 75 years after the close of my final match.

Should I become a mentor with Big Brothers Big Sisters of Prince George, I consent to photographs, audio, and/or video recordings of myself as well as my personal circumstances being published for publicity purposes. I waive any claim which I may have against Big Brothers Big Sisters of Prince George arising from the use of such photographs, audio, and/or video recordings of myself. This consent shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of Prince George unless revoked. I acknowledge that it is my responsibility to notice the Agency if the status of this media release changes. **Or, if I do not want my photo to be used, I may opt out.** Initial here: _____

I hereby release and forever discharge Big Brothers Big Sisters of Prince George, and its employees, directors, volunteers and mentors, from any cause of action or claim for damages, whether bodily injury, death, property damage, emotional trauma, anxiety or duress arising from my association with the Agency. The implications of this waiver are clear to me and I have had the opportunity to seek clarification. I understand and consent to this waiver and agree that it and my application have been made of my own free will and without duress.

Sign: _____ **Name:** _____ **Date:** _____