

APPLICATION FORM
“Little Brother/Little Sister”

Date completed: _____

Date Rec'd by Agency: _____

Please have the child/youth participate in completing this application form. This application information will be used to assist in identifying possible Big Brother or Big Sister matches.

Please bring completed application and a recent photo of the child/youth with you to the agency when attending your initial interview.

What is your name? _____

When is your Birthday? _____ How old are you today? _____

Do you have any brothers and sisters? _____

If so, what are their names and how old are they? _____

What kinds of activities do you like to do for fun? _____

What hobbies do you have? _____

What do you and your friends do when you get together? _____

Do you play any musical instruments? If so, what do you play? _____

What do you like to do after school and on weekends? _____

What do you do when you get mad at other kids? _____



777 KINSMEN PLACE, • PRINCE GEORGE, BC V2M 6Y7
PHONE: (250) 563-7410 • FAX: (250) 564-5217

BIG BROTHERS BIG SISTERS OF PRINCE GEORGE

Do you like helping your parent/guardian around the house? _____

What sort of things do you and your parent/guardian do together? _____

What makes you laugh? _____

On a rainy afternoon what do you do to keep from being bored? _____

If you could do anything you wanted to with your parent/guardian, what would you do? _____

If you could change something about yourself, what would it be? _____

What would you like to be when you grow up? _____

If you had one wish, what would it be? _____

Will you phone your Big Brother/Big Sister once a week? _____

Name 5 activity ideas that you would suggest to your Big Brother/Big Sister. _____

Please tell me "Why you want and/or need a Big Brother or Big Sister?"



BIG BROTHERS BIG SISTERS OF PRINCE GEORGE

Draw me a picture or write words of what makes you HAPPY.

Draw me a picture or write words of what makes you MAD.

Please don't forget to attach a photo of yourself on the top of the first page.

“Share a Little Magic”



777 KINSMEN PLACE, • PRINCE GEORGE, BC V2M 6Y7
PHONE: (250) 563-7410 • FAX: (250) 564-5217

BIG BROTHERS BIG SISTERS OF PRINCE GEORGE

About Your Child/Youth:

Have you talked about Big Brothers Big Sisters with your child? _____

Is there anything unusual about the family or child's history that we should know? _____

Does your child spend all or part of the summer out of town? _____

If yes, please explain: _____

Why do you feel that your child would benefit from a Big Brother or Big Sister? _____

Emergency Contact:

In case of an emergency and we are not able to contact you, what other responsible person could we contact?

Name: _____ Phone: _____

Relationship: _____

The answers that you have given will help us provide the best possible Big Brother/Big Sister for your child. Please be sure to advise us of any changes in your home situation, such as address changes, phone number changes, marriage, etc.

I, _____ give permission for the assignment of a suitable Big Brother/Big
(name of parent/guardian)

Sister to my child, _____
(child's name)

Signature

Date

“Share a Little Magic”



777 KINSMEN PLACE, • PRINCE GEORGE, BC V2M 6Y7
PHONE: (250) 563-7410 • FAX: (250) 564-5217

WAIVER OF LIABILITY
Parent

This is my application to Big Brothers Big Sisters of Prince George. I understand that the agency will try to match a responsible male/female adult with my child to share activities, friendship and support and that the Agency will try to match my child with a volunteer who has some of the same interests.

My child and I will participate in the Child Safety Training Program offered by Big Brothers Big Sisters of Prince George.

I give consent to Big Brothers Big Sisters of Prince George to talk to other professionals involved with my family so the Agency can understand my child's needs and decide whether they can serve my child and make a good match. I also agree that some or all of the information may be shared, if Big Brothers Big Sisters of Prince George thinks it is necessary, with my child's Big Brother/Big Sister, my child's teacher and/or with the referring professional, so that my child's needs may be best met.

I understand that:

- I don't have to accept a Big Brother/Big Sister for my child.
- The Agency does not have to provide my child with a Big Brother/ Big Sister.
- This application belongs to Big Brothers Big Sisters of Prince George. If the Agency closes, this file belongs to Big Brothers Big Sisters of Canada.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Prince George, I release the Agency of all responsibilities and liabilities in connection to their service provided in good faith, to myself or my child.

I _____, parent/guardian of _____, a minor, hereby release and forever discharge Big Brothers Big Sisters of Prince George, Big Brothers Big Sisters of Canada and their respective employees, directors and volunteers thereof, from any cause of action or claim for damages, whether for bodily injury, property damage or emotional trauma, anxiety or distress arising from the association of _____ (child/youth), with Big Brothers Big Sisters of Prince George.

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

Signed this _____ day of _____, 200_____.

Parent/ Guardian Signature

Witness Signature



PROFESSIONAL INFORMATION RELEASE
“Little”

Child/Youth Name: _____

There may be on occasion, the necessity for Big Brothers Big Sisters Prince George Staff to contact a Professional involved in your child's life in order for the Agency to fully understand the needs of your child. In the event there is a Professional involved in your child's life and you feel it would be beneficial for us to have contact with this person, please complete the following.

I, _____, hereby give my consent to, _____
(Name of Professional)

to disclose information concerning my child, _____, to
(child's name)

Big Brothers Big Sisters of Prince George as a result of my having made application for a Big Brother/Big Sister for my child.

Professional's Name: _____
Place of employment: _____
Job Classification: _____
Office Phone Number: _____
E-mail: _____

Professional's Signature

Date

Parent/Guardian Signature

Date



INFORMED CONSENT

Child/Youth Name: _____

Occasionally, we display pictures of Bigs and Littles for recruitment or PR events or use Bigs/Littles in promotional videos and advertising. We also have photo albums in the office of the various activities that people like to peruse. We require your consent to feature your child in recruitment or PR from time to time.

Please indicate below your preference, as it is not mandatory.

I, _____, parent/guardian of _____,
(Child/Youth name)

hereby:

- Give my consent**
- Do not give my consent**

Parent/Guardian Signature

Date

“Thanks for helping us share the magic”



BIG BROTHERS BIG SISTERS OF PRINCE GEORGE
APPLICATION FORM
SPECIAL EVENT VOLUNTEER

Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work/Cell Number: _____

E-mail address: _____ Preferred Contact: E-Mail Phone

Are you over 19 years of age? YES NO

Are you currently in the screening process, or have completed the screening process to become a program volunteer with our agency? YES NO

If No:

Employer/Teacher/Professional/Volunteer Reference Information (known for at least **two** years)

Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____

RCMP Criminal Record Search

All volunteers for our Agency are required to provide us with a RCMP Criminal Record Check. Please take the papers provided downtown to the RCMP Detachment for completion.. You will require photo ID to submit the records check. This will be completed for you at **no cost**. If you have need any assistance please contact our agency at 563-7410.

Which Agency Events would you be interested in volunteering for?

- ATV Raffle Handyman Office and Administration
 Bingo Bowl for Kids Sake Fund Development Activities

Other: _____

I authorize Big Brothers Big Sisters of Prince George to use the above information within the agency:

Signature: _____ Date: _____

For BBBSPG use: (Please initial and pass on to Fundraising/Events Coordinator)

_____ Criminal Record Search returned _____ Photo Consent Date Accepted: _____

Entered into SEV Database on: / / by: _____

MEMBERSHIP INVOICE



**BIG BROTHERS BIG SISTERS
OF PRINCE GEORGE**

777 Kinsmen Place, Prince George, BC, V2M 6Y7
Tel (250) 563-7410 Fax (250) 564-5217

Dear Volunteers and Parents,

Please submit your membership fee with your completed application or referral form. Should we be unable to process your application or referral for any reason your membership fee will be reimbursed.

Thank-you for “Sharing a Little Magic”

Please complete the following (please print):

NAME _____

ADDRESS _____

CITY _____

PROVINCE _____ **POSTAL CODE** _____

TELEPHONE (RES) _____ **(BUS)** _____

MEMBERSHIP FEE \$5 **CHEQUE** _____ **CASH** _____

SIGNATURE _____

DATE _____

*** Your annual membership will come due January 1st annually.