



**Please return to:**  
 Big Brothers Big Sisters Ottawa  
 204-2197 Riverside Drive  
 Ottawa (Ontario) K1H 7X3  
 Fax. 613.247.2240

**APPLICATION FORM**

Mentoring In School    Go Girls! Big (*women*)    Big Bunch (*men*)

If you are applying for more than one program which is your preference? \_\_\_\_\_

(\* - denotes that answers to these questions are optional)

<b>Last Name</b>		<b>Given Name</b>		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs
				<input type="checkbox"/> Miss <input type="checkbox"/> Ms
				<input type="checkbox"/> Dr.
<b>Address (apt., number and street, city, province)</b>			<b>Postal Code</b>	<b>*Date of Birth (mm/dd/yyyy)</b>
<b>Tel. (Home)</b>		<b>Tel. (Work)</b>		May we contact you at work? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Tel. (Cell)</b>		<b>Email</b>		
<b>Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> Français		<b>Other languages spoken:</b>		
<b>Emergency Contact</b>		<b>Relationship</b>		<b>Tel.</b>
<b>The following information is used for statistical purposes only:</b>				
*Do you identify yourself as a person of colour? (defined as being from a visible minority or as any individual non-white in skin colour)				<input type="checkbox"/> yes <input type="checkbox"/> no
*Are you Aboriginal?				<input type="checkbox"/> yes <input type="checkbox"/> no
* If you were born outside of Canada, have you been in Canada for 10 years or less?				<input type="checkbox"/> yes <input type="checkbox"/> no
*If you answered yes, how many years have you been in Canada?				
<b>What prompted you to apply ?</b>				
<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Current Volunteer <input type="checkbox"/> Special Events <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Former Little <input type="checkbox"/> Former Big <input type="checkbox"/> Website <input type="checkbox"/> Billboard/Bus Shelter <input type="checkbox"/> Brochure <input type="checkbox"/> Always Known <input type="checkbox"/> Info Booth <input type="checkbox"/> Presentation <input type="checkbox"/> Campus recruitment <input type="checkbox"/> Other: _____				

**Volunteer Experience**

Have you ever been, or applied to be, a volunteer with a Big Brother Big Sister agency in the past?  Yes    No  
 If yes, with which agency(ies) were you involved?

Please list any Bigs, Littles or Parents of Littles (or other volunteers or clients associated with BBBSO) whom you know.

**Past Volunteer Experience**


<b>Employment &amp; Education</b>	
Employer	Occupation
Length of time in this position	
If less than 5 years, your previous place of employment	
Please indicate the highest level of education that you have completed:	
<input type="checkbox"/> Elementary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Some University	<input type="checkbox"/> University <input type="checkbox"/> Post-Graduate Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other
If you are presently a student, where?	

**Vehicle**

Do you own or have access to a vehicle?  Yes  No

If yes, does it have passenger-side airbags?  Yes  No

Do you have at least \$1 million auto insurance coverage?  Yes  No

**(if you answered yes to the above question, please see note below)**

Have you ever been charged with any traffic violations?  Yes  No

Driver's Licence Number: \_\_\_\_\_

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**NOTE: If you have a vehicle and plan to use it in your role as a volunteer, please forward proof of \$1,000,000 (one million) public liability insurance with your application.**

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**Note:** In addition to two individual references, volunteers applying for the **Couples Match** program will provide one character reference each from an individual who knows you as a couple.

<b>Character Reference</b>		
<b>Last name:</b>	<b>Given name:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr.
<b>Address (apt., number and street, city, province)</b>		<b>Postal Code</b>
<b>Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> Français		<b>E-mail</b>
<b>Years known (minimum 2 years):</b>	<b>Relationship to you:</b>	
<b>Tel. (day)</b>		
<b>Tel. (evening)</b>		

<b>Employment/Volunteer Reference:</b>		
<b>Last name:</b>	<b>Given name:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr.
<b>Address (apt., number and street, city, province)</b>		<b>Postal Code</b>
<b>Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> Français		<b>E-mail</b>
<b>Years known (minimum 2 years):</b>	<b>Relationship to you:</b>	
<b>Tel. (day)</b>		
<b>Tel. (evening)</b>		

<b>Family Reference :</b>		
<b>Last name:</b>	<b>Given name:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr.
<b>Address (apt., number and street, city, province)</b>		<b>Postal Code</b>
<b>Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> Français		<b>E-mail</b>
<b>Years known (minimum 2 years):</b>	<b>Relationship to you:</b>	
<b>Tel. (day)</b>		
<b>Tel. (evening)</b>		

<b>Consents</b>	
I agree:	
<ul style="list-style-type: none"> <li>▪ to have Big Brothers Big Sisters Ottawa contact my references</li> <li>▪ that the statements made in this application are true and correct and have been given freely</li> <li>▪ that my name and contact information may be shared with the Mentoring Coordinators responsible for the area of interest that I have indicated.</li> </ul>	
<b>Signature:</b>	<b>Date:</b>