



Big Brothers Big Sisters
of The Georgian Triangle

74 Hume Street
Collingwood ON L9Y 1V4
705-445-2330 T
705-445-8627 F

info@bbbsgt.ca
www.bbbsgt.ca

Mentor Application

Date: _____

Please consider this my formal application to volunteer with Big Brothers Big Sisters of the Georgian Triangle in the following program:

- Big Brothers Big Sisters
- Couples Matching
- Go Girls!
- Unsure

- In-School Mentoring
- Big Bunch
- Game On!
- Other _____

Full Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Length of time at this address _____

How long have you lived in the area? _____

Work Phone: _____

Can we call you at work? Yes No

If yes, during what hours do you work? _____

Email: _____

Volunteers must be older than 18 years old to volunteer with children and youth in our programs. Are you older than 18 years? Yes No

How did you hear about this program?

- | | | |
|--|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Current Volunteers | <input type="checkbox"/> Special Event | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Billboard/Bus Shelter | <input type="checkbox"/> Former Little | <input type="checkbox"/> Website |
| <input type="checkbox"/> I've always known | <input type="checkbox"/> Other: _____ | |

Have you ever been, or applied to be, a volunteer with a Big Brothers Big Sisters agency in the past? Yes No

If yes, where and when? _____

Why do you want to become a volunteer in the program now?

References

Personal Reference (must have known the applicant for at least two years)

Name: _____

Address: _____

City _____ Prov. _____ Postal Code _____

Telephone _____ Email _____

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

Employment or Volunteer Experience ¹

Name: _____

Address: _____

City _____ Prov. _____ Postal Code _____

Telephone _____ Email _____

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

Significant Other (if no significant other exists, a family reference is required)

Name: _____

Address: _____

City _____ Prov. _____ Postal Code _____

Telephone _____ Email _____

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

This information is true to the best of my knowledge.

Applicant Signature

Date

¹ Please provide a reference(s) if you have worked with or volunteered with a person or organization responsible for the well-being of children under the age of 18 or with vulnerable persons who, because of their age, a disability, or other circumstances are at greater risk than the general population of being harmed by a person in a position of authority or trust relative to them,