

Application Information

Dear Volunteer,

Thank you for your interest in the Group Mentoring Program! This program matches children and youth in Prince George ages 10-13 with volunteers in a group mentoring relationship. The children in this program have been referred to our agency by their parent/guardian or a teacher or school staff member and are excited to participate in the group sessions!

Children and youth participating in the Group Mentoring Program have gone through Pre-Match Training prior to being accepted into the group. Once a group starts it is monitored by our Mentoring Coordinators to ensure child safety is maintained at all times.

Before Completing the Application

Do you meet the requirements of the Group Mentoring Program?

- Are you 16 or older?
- Are you able to commit to the mentoring relationship for a minimum of 8 weeks? Are you able to commit to mentor in multiple groups?
- Does your schedule allow for you to meet with the mentees once a week when the session is scheduled?
- Are you willing to participate in match monitoring visits and phone calls over the course of the group?

Have you completed your application?

- Have you completed your Police Information Check (PIC) Application, taken it to the downtown Detachment of the RCMP and received your PIC back?
- Have you provided 3 references and the best way to contact them on your application? This is important to ensure your application is not delayed.

Thank you for your interest in the Group Mentoring Program – we look forward to meeting you!



Volunteer Application Form

Group Mentoring Program

Date Completed: _____ Date Received: _____

The information you provide in this form will be maintained as a confidential, secure record. Once the application is complete, please return it to the Big Brothers Big Sisters office either in person, by mail, or scan and email. Once your application has been received, you will be contacted to arrange an orientation or interview.

Personal Information

First Name _____ Last Name _____

Mailing Address _____ Length of time at this address: _____

Prince George, BC (Postal Code) _____ Email Address _____

Primary Phone Number _____ Home Cell Work

Other Phone Number _____ Home Cell Work

*Please identify your preferred method of contact by placing a * beside it above.*

Volunteers must be 16 years or older to volunteer in our programs. Are you 16 years or older old? Yes No

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

With what Agency? _____

Why do you want to become a volunteer now? _____

Emergency Information

Emergency Contact Name _____

(First Name)

(Last Name)

Primary Phone Number _____ Home Cell Work

Other Phone Number _____ Home Cell Work

777 Kinsmen Place, Prince George, British Columbia, V2M 6Y7

T: 250-563-7410 www.bbbsp.org.ca

Revised 01/17 DB

start something

References

Personal Reference (must have known the applicant for at least 2 years)

First Name _____ Last Name _____

Mailing Address _____ Province _____ Postal Code _____

Email Address _____ Relationship to applicant _____

Primary Phone Number _____ Home Cell Work

How long have you known this person? _____

Vulnerable Sector Reference¹ (if no volunteer or paid experience exists in the vulnerable sector within the last 5 years, an employment reference is required)

First Name _____ Last Name _____

Mailing Address _____ Province _____ Postal Code _____

Email Address _____ Relationship to applicant _____

Primary Phone Number _____ Home Cell Work

How long have you known this person? _____

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

First Name _____ Last Name _____

Mailing Address _____ Province _____ Postal Code _____

Email Address _____ Relationship to applicant _____

Primary Phone Number _____ Home Cell Work

How long have you known this person? _____

This information is true to the best of my knowledge.

Applicant Signature

Date

¹ if you have worked/volunteered with a person or organization responsible for the well-being of children under the age of 18 or vulnerable person 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 trusted relative to them.

VOLUNTEER PERMISSION AND RELEASE AGREEMENT

TO: Big Brothers Big Sisters of Prince George (THE “AGENCY”)

The Agency and Big Brothers Big Sisters Canada (“BBBSC”) are separate entities and this Agreement is between me and the Agency.

1. By applying to volunteer with the Agency (“Volunteer Application”) and signing this Agreement, I acknowledge, understand and accept that:
 - (a) I am a legal resident of Canada and have reached the age of majority in the province or territory in which I reside. I acknowledge and agree that if I have not reached the age of majority of the province or territory in which I reside, my parent or legal guardian will also need to sign this Agreement in order for my Volunteer Application to be considered;
 - (b) There is no obligation on the Agency to accept my Volunteer Application or assign me as a volunteer into a mentoring program (a “**Mentoring Program**”) and the Agency may terminate my involvement in a Mentoring Program in its sole discretion and without reason;
 - (c) If I am accepted as a volunteer, my involvement in a Mentoring Program is not intended to create and shall not be construed as creating either an employee–employer relationship or a contract for services that would allow me to receive a salary, compensation, payment or any benefits, monetary or otherwise; and
 - (d) If I am accepted into a Mentoring Program, I understand that I will be required to enter into a confidentiality agreement with the Agency, and I agree to abide by the volunteer position description(s) and code(s) of conduct established by the Agency, including any applicable guidelines, Standards and policies.

2. **Assumption of Risk, Release and Reimbursement:**

I acknowledge, understand and accept that:

- (a) I am responsible for all risks associated with my involvement in a Mentoring Program including, without limitation, the risk of bodily or psychological harm or injury.
- (b) Subject to local laws, I agree not to sue the Agency, BBBSC and/or any of their member agencies in respect of any such injury or claim resulting from my participation in a Mentoring Program, my Volunteer Application, the acceptance or denial of my Volunteer Application, the Alumni Program and/or my association with the Agency or BBBSC.
- (c) I understand that I am fully responsible for any damage to my personal vehicle and/or property during my volunteer involvement in a Mentoring Program and that neither BBBSC nor the Agency insures personal vehicles or property belonging to its volunteers;
- (d) I agree to reimburse the Agency and/or BBBSC and/or any of their member agencies for any damages or losses of any kind (including but not limited to the injury of any other person and/or damage to or loss of property) that may arise in connection with my negligence, wilful misconduct, or failure to act in accordance with published BBSC policies and guidelines and relating to or arising in connection with my participation in a Mentoring Program or my association with the Agency or BBSC, including payment of any and all legal expenses of the Agency, BBBSC and/or any of their member agencies.

3. **Background Check.** I understand that my acceptance into the Mentoring Program will be conditional on my successful completion of a background check, which may include contacting the references included in my Volunteer Application and/or a criminal record check, for the purposes of confirming my suitability for the Mentoring Program. I agree to provide all necessary consents for such background checks.

777 Kinsmen Place, Prince George, British Columbia, V2M 6Y7

T: 250-563-7410 www.bbbsp.org

Volunteer Application Form

Group Mentoring Program

4. **Privacy Notice.** The personal information provided by me or otherwise collected by the Agency in connection with my application will be used by the Agency for the purpose of evaluating and considering my Volunteer Application and, if accepted into a Mentoring Program, for the purpose of administering the Mentoring Program. This information may include my name, phone number, mailing address, date of birth, results of background check, and driver's license and auto insurance information. My personal information will be maintained by the Agency on a confidential basis and will only be disclosed to the parent(s) and/or guardian(s) of a child with whom the Agency may consider "matching" me in a Mentoring Program, to representatives of a school or institution in connection with my participation in a site-based Mentoring Program, to the BBBSC as required for the purposes of accreditation reviews or legal proceedings and as otherwise required or permitted by law. In the event the Agency ceases operations, any and all information about me held by the Agency will be provided to BBBSC, another BBBSC agency selected by BBBSC, or both and will be used for the purposes set out above.
5. **Other Terms of this Agreement.**
- (a) In entering into this Agreement, I am not relying on any oral or written representations other than as set forth in this Agreement.
 - (b) This Agreement shall be governed by and construed pursuant to the laws of the Province or Territory in which the Agency is located.
 - (c) In the event that any provision or term of this Agreement is held to be invalid, illegal or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
6. **Media Consent.** Any photographs or video productions taken of volunteers by agency staff at recreational events or match outings, or otherwise authorized by the Executive Director or Board of Directors, may be used by the agency for purposes of promotional material including brochures posters, newsletters, media information, advertisements, audio-visual productions and web pages, such as the Agency website and social media. Photographs or video productions may also be shared with community and school partners and Big Brothers Big Sisters of Canada for program promotion.

If you do not agree with item #6 *Media Consent*, please check here:

IMPORTANT: I acknowledge that I have read the terms of this Agreement, have been given an opportunity to obtain independent legal advice, and understand that it represents a waiver of certain of my legal rights, including my right to sue (subject to local laws). I further agree that such limits are reasonable and sign this Agreement freely, voluntarily and without duress.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Parent or Legal Guardian (if required)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Applicant Printed Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Parent or Legal Guardian Printed Name (if required)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date



January 2, 2017

To Prince George RCMP

Re _____

Please note that the above individual has applied at Big Brothers Big Sisters of Prince George as a volunteer with our agency. There is no financial benefit to this individual to be involved with our organization. As part of our screening process we required all our volunteers to complete a successful Criminal Records and Vulnerable Sector Check and if required, fingerprinting. Please accept this letter to waive all costs involved.

If you have any questions please feel free to contact me at the Big Brothers Big Sisters office at 250.563.7410

Regards,

A handwritten signature in black ink, appearing to be "Tim Bennett", written over a horizontal line.

Tim Bennett
Executive Director
tim.bennett@bigbrothersbigsisters.ca

XXXX Police Use Only

Log:
 Receipt:
 Received at:

Prince George RCMP Detachment

Police Information Check

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
 Any applicable fee (see website for costs and payment options).
 One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.
 If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records.
 This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party
 (with the exception of confirmed positive Vulnerable Sector responses).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV
		POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	
<u>PREVIOUS ADDRESS</u> (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)		*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) - Employment Other (specify below)

Key Contact Name: Big Brother Big Sisters Mentoring Coordinator / SD57 HR Department

Volunteer Agency/Employer Name: Big Brothers Big Sisters of Prince George & School District 57

Volunteer Agency/Employer Address and Phone Number: 777 Kinsmen Place. V2M 6Y7 (250) 563-7410 & 2100 Ferry Avenue V2L 4R5

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (what you will be doing): _____

Provide details regarding the children or vulnerable person(s) (what ages, type of client(s) you will be in authority over):

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

Date Signed

DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- J Please list below all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- J Do Not disclose convictions for which you have received a pardon pursuant to the Criminal Records Act, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- J Do Not disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the Youth Criminal Justice Act.

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant

Date signed

Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the PGRCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released directly to me and not to any third party; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality of the City of Prince George, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*****FOR OFFICE USE ONLY*****

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):
