

Big Brothers and Sisters of the Annapolis Valley

136 Exhibition St.
Kentville, N.S.
B4N 4E5

Volunteer Application

Please complete the following and return to Big Brothers & Sisters of the Annapolis Valley at the address checked above.

PLEASE PRINT OR TYPE

Ms / Miss / Mrs. / Mr. _____

(First Name)

(Last Name)

Complete Mailing Address _____

Civic Address: _____

City _____ Province _____ Postal Code _____

Home telephone: _____ Work Telephone: _____

E-mail address: _____

Occupation _____ Employer _____

Business Address _____

Date of Birth _____ Length of Time in Area _____
(Month / Day / Year)

Do you own a car? _____

Do you know anyone involved in Big Brothers & Sisters? If so, who? _____

Medical Doctor's Name _____

Address: _____

REFERENCES

Due to the nature of this type of volunteer work, personal references should have known you for a minimum of two years. Out of area references are acceptable (maximum two).

EMPLOYER (if unemployed within the past year, please give most recent employer. If never employed, please provide an additional personal reference.)

Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone (home) _____ (work) _____

REFERENCES continued:

FAMILY MEMBER

Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone (home) _____ (work) _____

How long have you known this person?

PERSONAL

Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone (home) _____ (work) _____

How long have you known this person?

PERSONAL

Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone (home) _____ (work) _____

How long have you known this person?

I hereby authorize Big Brothers and Sisters to make such investigation as they deem proper regarding my background, personal and otherwise, and to determine the accuracy of the information furnished in this application, and I release any individual, agency or organization from liability for cooperating with Big Brothers and Sisters by releasing requested information / opinion.

The undersigned acknowledges and agrees that: (1) he / she is not obligated, if called upon, to perform the volunteer services herein applied for; and (2) that Agency is not obligated to accept, assign, or actively seek to assign him / her a Little

Brother / Little Sister; and (3) as a part of the Agency's matching process, additional personal information will be elicited from the applicant by professional Agency personnel.

Date _____

Signed _____
(Applicant)