



DATE RECEIVED: _____

Mentor application

Please consider this a formal application to volunteer with YWCA Big Sisters of Regina in the following program:

<input type="checkbox"/>	Traditional one-to-one Match	<input type="checkbox"/>	Couples Matching
<input type="checkbox"/>	General Volunteer (Group)	<input type="checkbox"/>	Unsure

NAME:			
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(FIRST NAME)

(LAST NAME)

ADDRESS:			
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CITY:		POSTAL:	
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HOME PHONE:		CELL PHONE:	
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WORK PHONE:		CAN WE CALL YOU AT WORK?	YES / NO
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E-MAIL:			
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Length of time at address:		How long have you lived in the area?	
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Date of Birth:	DAY / MONTH / YEAR
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Volunteers must be older than 18 years old to volunteer with YWCA Big Sisters.

Are you older than 18 years?	YES / NO
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Have you ever been, or applied to be, a volunteer with a Big Brothers Big Sisters agency in the past?	YES / NO
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If yes, where and when:	
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Why do you want to become a volunteer in the program now?
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How did you hear about our program?					
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<input type="checkbox"/>	TV	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Current Volunteer	<input type="checkbox"/>	Special Event	<input type="checkbox"/>	Friend/Relative
<input type="checkbox"/>	Billboard	<input type="checkbox"/>	Former Little	<input type="checkbox"/>	Website
<input type="checkbox"/>	Always Known	<input type="checkbox"/>	Other:		



Personal Reference MUST HAVE KNOWN THE APPLICANT FOR AT LEAST TWO YEARS

NAME:			
ADDRESS:			
CITY:		PROV:	POSTAL:
PHONE:		OTHER PHONE:	
E-MAIL:			
How long have you known this person?			
In what capacity?			

Vulnerable Sector IF NO EXPERIENCE WITH VULNERABLE PEOPLES EXISTS PLEASE PROVIDE EMPLOYMENT REFERENCE.

NAME:			
ADDRESS:			
CITY:		PROV:	POSTAL:
PHONE:		OTHER PHONE:	
E-MAIL:			
How long have you known this person?			
In what capacity?			

Significant Other Reference IF NO SIGNIFICANT OTHER EXISTS PLEASE PROVIDE A FAMILY REFERENCE.

NAME:			
ADDRESS:			
CITY:		PROV:	POSTAL:
PHONE:		OTHER PHONE:	
E-MAIL:			
How long have you known this person?			
In what capacity?			

THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

APPLICANT SIGNATURE	DATE
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Voluntary Self Declaration

We are striving toward a representation organization; which reflects the community in which we serve. The following questions are voluntary are being collected for statistical and programming purposes. For the purposes of volunteer equity a person of indigenous ancestry identifies as a member of the First Nations, Metis or Inuit Peoples of Canada.

Based on this description do you consider yourself to be a person of Indigenous ancestry?

YES NO

If yes, please indicate your status:

FIRST NATIONS METIS INUIT

For the purposes of equity, the Saskatchewan Human Rights commission defines members of a visible minorities as “persons, other than Aboriginal Peoples, who are people of colour”. Based on this description do you consider yourself to be a person of a visible minority?

YES NO

Media Consent Form - Volunteer

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters agencies of **YWCA Big Sisters of Regina** the use of any photographs, audio and/or video recordings of myself as taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency President/Executive Director/CEO or Board of Directors, and that this media may be used by Local Agency and/or by the National Office for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion. I further waive any claim which I may have against Big Brothers Big Sisters of Canada and its associated member Big Brothers Big Sisters agencies arising from the use of such photographs, audio and/or video recordings of myself, as aforesaid. This consent and waiver shall remain in effect unless otherwise revoked.

SIGNATURE	DATE

Confidentiality Concern

	CHECK HERE IF YOU DO NOT WANT YOUR PICTURE USED.
SIGNATURE	DATE

NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE IF THE STATUS OF THIS CONSENT CHANGES.



VOLUNTEER PERMISSION AND RELEASE AGREEMENT

TO: YWCA Big Sisters of Regina (“the Agency”)

The Agency and Big Brothers Big Sisters Canada (“**BBSC**”) 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, BBSC 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 BBSC.
- (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 BBSC nor the Agency insures personal vehicles or property belonging to its volunteers;
- (d) I agree to reimburse the Agency and/or BBSC 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 gross 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, BBSC 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.



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.

In the event where it is deemed necessary, 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. No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agencies, about parents, children or volunteers without their express prior written consent except where required by law.

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.

SIGNATURE OF APPLICANT
APPLICANT’S PRINTED NAME
DATE



Confidentiality Policy

All staff and volunteers of AGENCY are required to abide by this Confidentiality Policy. Any breach of this policy will be considered grounds for termination.

Agency Service Delivery Staff will explain the confidential nature of our service to the volunteer, child and parent/guardian as early as possible in the orientation and/or screening process. At all times thereafter Service Delivery Staff will ensure the privacy of case information.

Information contained in the Casework files will not be disclosed by the Agency to any person without written approval of said person except in the following cases:

- where the safety of a child depends upon divulging this information. This could include suspicion of neglect or abuse of a child. The proper authorities will be informed when necessary. This could result in the disclosure of confidential information without written consent from the person to Big Brothers Big Sisters of Canada’s insurers and or legal counsel, as may be appropriate in connection with any legal proceeding or inquiry;
- when subpoenaed by the courts;
- where required by law;
- during periodic agency accreditation reviews case records, including relevant personal information will be shared to authorized representatives of Big Brothers Big Sisters of Canada.

In the event that confidential information is requested to support a custody or access application, or for any court matter other than a “child protection” case, the agency will only release the information if required to do so by a Judge’s Order.

No staff member or volunteer shall use confidential information from the agency to advance any personal interest, financial or otherwise.

In accordance with Big Brothers Big Sisters of Canada’s National Standards:

- No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agents, about parents, children or volunteers without their express prior written consent except where required by law.
- All information and records, including electronic records, shall be kept secure (for example, in a filing cabinet, desk, etc. under lock and key, password protected, etc.) and confidential at all times.

Case records will be accessible only to the Caseworker, Executive Director, Casework Supervisor, and in appropriate situations, other Caseworkers.

I understand the agency’s policy around confidentiality and agree to abide by those rules.

SIGNATURE	DATE