



**Big Brothers Big Sisters  
of Wetaskiwin**

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**VOLUNTEER APPLICATION**

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Date: \_\_\_\_\_

Please consider this my formal application to volunteer with the *Big Brothers Big Sisters of Wetaskiwin* in the ISM program.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

If you have lived at your current address for less than one year, please provide your previous address. \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can we call you at work?  Yes  No

If yes, during what hours do you work? \_\_\_\_\_

Email address: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Have you ever been or applied to be a volunteer with a Big Brother/Big Sister agency in the past?  Yes  No

If yes, where and when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Registered Charitable Organization No. 106793565RR0001

Share A Little Magic!

5109 51 Street  
Wetaskiwin, Alberta T9A 2A5  
T: (780) 352-4643  
F: (780) 352-7780  
www.wetaskiwin youth.ca



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: _____  |  |

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

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How long have you been thinking of becoming a volunteer with this agency? (ie. A week, a month, a year etc.) \_\_\_\_\_

Does your partner support your becoming a volunteer with *Big Brothers Big Sisters of Wetaskiwin*? \_\_\_\_\_

Do you anticipate any changes in your personal life that may affect your ability to fulfill your role as a mentor? \_\_\_\_\_

**Education**

Highest level of education obtained:

- |                                      |                                       |                                  |
|--------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> High school | <input type="checkbox"/> Trade school | <input type="checkbox"/> College |
| <input type="checkbox"/> University  | <input type="checkbox"/> Other: _____ |                                  |

Are you a member of any other clubs, affiliations or organizations? If so, please list them. \_\_\_\_\_

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**References**

I, \_\_\_\_\_, give permission to *Big Brothers Big Sisters of Wetaskiwin* to contact the following for the purposes of this application.

***\*All references must have known the applicant for at least two years. Please let your references know that they may be contacted by either mail or phone.***

**Character Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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**Employment/Volunteer Work Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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**Family Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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This information is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date