



BRUCE GREY MENTORSHIP

Volunteer Application

In filling out this form, you are making a formal application to become a volunteer with Bruce Grey Mentorship.

Please select your areas of interest:

- Office /Administrative
- Events/ Fundraising
- Program Facilitation

- Board of Directors
- Planning Committee
- Student volunteer for OSSD hours

Note: Volunteers with BGM must be minimum of 18 years of age. Student volunteers start at 16 years of age with direct supervision.

Name: _____		<input type="checkbox"/> M <input type="checkbox"/> F
DOB: _____	Age: _____	
<small>YYYY/MM/DD</small>		
Address: _____		Town: _____
Postal Code: _____	Home Phone: _____	
Email: _____		

How long have you lived in the area? _____

How did you hear about this program?

- Media outlet
- Social Media
- Current Volunteers
- Current clients
- Friend/Relative
- Road sign
- Website
- Other

Please specify: _____

Have you ever been, or applied to be, a volunteer with a child/youth program in the past? Yes No

If yes, please specify _____

Have you ever been accused, arrested, convicted or pardoned of a sexual offense involving a child or children? Yes No

If yes, please specify: _____

Have you ever been convicted of a criminal offence? Yes No

Will you submit to a Police records check? Yes No

For BGM use only				
<input type="checkbox"/> received	<input type="checkbox"/> reviewed	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Follow up
_____	_____	• _____	_____	_____



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Please select all that apply

Marital status: single separated common-law

married divorced widowed

Work status: employed unemployed student

Living situation: home owner renting live at home*

no fixed address *in parent's/other relative home

Availability: weekdays weeknights weekends

Why do you want to volunteer with Bruce Grey Mentorship?

Why is mentoring important for children and youth in our community?

What skills or abilities do you have to offer our programs?

What makes you a great candidate for a volunteer with Bruce Grey Mentorship?

I understand that in submitting an application to become a mentor with Bruce Grey Mentorship I am expressing my interest in being a positive role model for children and youth in the community, and that in committing I will be subject to various policies and procedures, regulations and expectations as set out by BGM for the safety and protection of its clients. I am committing to submit to the interview and screening process, and if selected, to attend all mandatory training as directed. Further, I am confirming that to my knowledge, there is no reason or concern that would exclude me from working with or mentoring children or youth.

I understand that Bruce Grey Mentorship, following review of my application, reserves the right to accept or refuse my application and is under no obligation to provide a reason.

Signature

Date



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VOLUNTEER REFERENCE LIST

In applying to volunteer with Bruce Grey Mentorship, all candidates must list a minimum of 3 references that we can contact in the following areas. If you are unsure of the categories, please contact the office for assistance in identifying appropriate references.

1. Personal/Character Reference (must have known the applicant for at least two years)

Name: _____
Address: _____
City: _____ Prov. _____ Postal Code _____
Home Phone: _____ Business Phone: _____ ext _____
How long have you known this person? <input type="checkbox"/> 2 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10+ years
In what Capacity? _____

2. Community/Service Reference (Community involvement or Vulnerable sector)

Name: _____
Address: _____
City: _____ Prov. _____ Postal Code _____
Home Phone: _____ Business Phone: _____ ext _____
How long have you known this person? <input type="checkbox"/> 2 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10+ years
In what Capacity? _____

3. Professional Reference (Current/former employment or other professional)

Name: _____
Address: _____
City: _____ Prov. _____ Postal Code _____
Home Phone: _____ Business Phone: _____ ext _____
How long have you known this person? <input type="checkbox"/> 2 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10+ years
In what Capacity? _____

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.