

## VOLUNTEER APPLICATION INFORMATION

Thank you for your interest in volunteering with Big Brothers Big Sisters of Saint John.

### **Volunteering for Big Brothers Big Sisters**

Volunteering can be a very rewarding experience. We offer an opportunity to learn new and useful skills and become involved with youth in a fun and supportive way. Many people find their experience very valuable when exploring education and work possibilities. Volunteering as a Big or In-School Mentor is a way of making a real contribution to our community and to the lives of children. Every child or youth in our mentoring programs has their own unique story. Some may have grown up with only one parent, some may come from a family stretched for time or other resources, some may lack access to extra-curricular activities, and some may have difficulty at school, either socially or academically. Just as every Little Brother and Little Sister has their own story, they all have their reasons why they are welcoming a mentor into their lives.

### **Agency Mission Statement and Program Goals**

Big Brothers Big Sisters helps children reach their potential through volunteer based and professionally supported, one to one or small group relationships. Through quality friendships we help children succeed. Evidence has shown that children who have welcomed a volunteer Big Sister or Big Brother into their lives have increased confidence and self-esteem, have enhanced social skills, are less likely to use drugs or alcohol, are less likely to get involved in criminal behavior, do better in school, and are less likely to drop out. While these examples are more obvious ways that mentoring can help children and youth, mentors also have the opportunity to affect the lives of their Little Brother or Little Sister in ways that are subtler but equally as important. For example, can you imagine being able to share experiences with your Little Sister or Little Brother that they may have never had otherwise, help them figure out what they may want to do later on in life, talk to them as they deal with a difficult situation, be there to support them and lift them up when things don't go well and help them have fun, and be a kid!

### **Application Process**

You, the volunteer applicant:

- Must complete a volunteer application form which includes a criminal record check and vulnerable sector check, and three or four references
- Participate in a one-to-one interview with a staff member of Big Brothers Big Sisters agency
- Depending on the program, you may be asked to participate in an assessment of your home environment
- Successfully complete an orientation and child safety training
- You will then be notified of your acceptance/non-acceptance
- If accepted as a volunteer mentor, you will need to sign a mentor code of conduct form

The steps of application process help the agency measure the candidate's safety, stability, commitment, health, lifestyle and rapport with children. The enclosed Application Form has you provide personal information. Be assured that the documentation collected will be held in strict confidence and the information is treated with utmost respect. Feel free to keep this Enrollment Information Sheet, return all completed forms to the office. Criminal Records Checks are required for volunteers who are 18 or older and are performed differently at each local Police station. The Criminal Records Checks for the **Saint John**

Police require a form to be completed by you and returned to the BBBS office who then sends them in to be completed. In **Grand Bay/Westfield, Hampton, Quispamsis/Rothesay, Sussex** and **Charlotte County** a letter from the agency is required to request the background check be completed by the local RCMP or Police station. The applicant must return to pick up the completed form and return it to the office. Two pieces of valid identification must confirm your name, date of birth and address. One piece must have a photo. We ask that you provide the names of three references who will be contacted. Referees are asked a standard series of questions addressing issues related to reliability, character, safety and experience with children.

## **Commitment**

### **Traditional Big Sister/ Big Brother/ Big Couple**

Volunteers agree to commit to at least one (1) year once matched. The Agency recommends spending 3 to 4 hours a week with a Little Brother/Sister. However, this is simply a guideline and remains flexible to meet the needs of volunteers. Regular, consistent contact is more important than a specific number of hours. For a child who needs an adult friend, some time spent together is better than no time. Relationships are ideally long-term; however, the Agency understands that things in your life may change and you may have to stop volunteering. In this case, your Mentoring Coordinator will work with you to end your relationship in a compassionate and responsible manner. There is an expectation that there will be a closing interview with the Little Brother/Little Sister, Big Brother/Big Sister, parent and Mentoring Coordinator. This final meeting ensures the child, parent and volunteer have a chance to review the benefits of the match and that the child understands that s/he is not responsible for the match ending.

### **In-School Mentoring/Teen In-School Mentoring**

Volunteers agree to meet with the child in the school for approximately one hour per week at a time agreed upon by all parties. Volunteers agree to commit to at least one school year once matched. Relationships are ideally long-term; however, some Teen In-School matches are set up to be shorter than the one full school year, depending upon the needs of their High School. The Agency understands that things in your life may change and you may have to stop volunteering. In this case, your Mentoring Coordinator will work with you to end your relationship in a compassionate and responsible manner.

### **Group Program Mentoring (Go Girls!, Game On!, etc.)**

Volunteers agree to commit to the full length of the program, from 7 weeks to 1 year depending on the program. These programs are typically curriculum based and site-based (school or community agency) and require a commitment of 1 – 1.5 hours/week. Volunteer mentors work in groups of 2 or more and are matched with a group of 8 mentees for the duration of the program.

## **MENTOR Links Program**

The MENTOR Links program was developed to encourage engagement with the agency, maintain contact with families, and provide children and young people who are "waiting" for a 1-1 match with the chance to benefit from contact with positive, caring adult mentors and build friendships with other children who are on the wait list. The MENTOR Links program involves small group outings for wait list youth, volunteer mentors and Big Brothers Big Sisters staff. Outings consist of various activities, such as archery, bowling, board games, arts & crafts, cooking, hiking, sports, as well as seasonal and community events. Mentor Links also offers new volunteers the opportunity to experience what being a Big is like through participation in small group activities. Once volunteers see how great our children really are, we just might be able to convince them to become Bigs in one of our other programs!

### **Child and Parent Application Process**

Children in the programs are usually between the ages of 7 and 13 years when matched, however in special circumstances children may be slightly younger or older. Please let the Mentoring Coordinator know if you are interested in spending time with an older youth. Children may come from a variety of backgrounds and home situations. All the children have been identified as likely to benefit from extra support in their lives. Although most children in the programs are eventually matched, there are always some children that never benefit from the program due to a shortage of volunteers. To be accepted onto the program waitlist the child must support the idea of having a Big or In-school Mentor. The parent and the child are both interviewed as well to determine suitability for the program, the child's interests, background and needs.

### **Establishment of the Match and Ongoing Support**

#### **In-School Mentoring & Group Mentoring**

Once the application process has been completed and the potential match(es) has(have) been identified the Mentoring Coordinator will schedule an official match meeting with the child(ren), volunteer(s) and the school contact. The parent(s) will be invited to attend this meeting. The program expectations are reviewed and a meeting day and time is decided upon and the Friendship Agreement is signed.

#### **Traditional Big Sister/ Big Brother/ Big Couple**

Once the application process has been completed and a potential match has been identified, if the parent and prospective volunteer agree to take the next step, the Mentoring Coordinator will invite the child to an official match meeting. The program expectations are reviewed with the Little Brother/Little Sister, Big Brother/Big Sister and the parent. If the volunteer and the child both agree to enter into a match, a Match Agreement is signed. Program participants are given a membership card that identifies them as a member of the agency. The matched participants are invited to attend agency hosted activities and will receive emails regularly. The Mentoring Coordinator's contact with volunteers, parents, and children happens regularly to ensure the match is going well.

**It is your responsibility as a Volunteer to stay in touch with your Mentoring Coordinator!**

## BIG BROTHER/ BIG SISTER/ MENTOR APPLICATION FORM

*Questions with a \* are not relevant to In-School Mentor/Group Program Volunteers!*

Please consider this my formal application to volunteer in the following program:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big Brother	Big Sister	Big Couple	In-school Mentor	Group programs	Teen In-school Mentor	Not Sure

Full Name: \_\_\_\_\_ Date of Birth: (Month/Day/Year) \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Length of time at this address \_\_\_\_\_  
 How long have you lived in the area? \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ May we contact you at work?  Yes  No  
 How long at present employment? \_\_\_\_\_ Work hours: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have lived in Saint John area for less than a year, please provide the city/town where you previously lived and for how long: \_\_\_\_\_

Relationship status:  single  separated  common-law  other  
 married  divorced  widowed

\*Do you have a Motor Vehicle Available?  Yes  No If no, describe alternate plans for transportation:

\*Do you have at least \$1 million in auto insurance coverage?  Yes  No

\*Have you been charged with any traffic violations or had your license suspended?  Yes  No

\*Please list all people living in the home – related and non-related:

\*Do you have pets?  Yes  No If yes, what type/size? \_\_\_\_\_

How did you learn about the agency?  TV  RADIO  NEWSPAPER  FRIEND/FAMILY  EVENT  
 WEBSITE  SOCIAL MEDIA  SOMEONE INVOLVED (Little, Big, Staff)  I'VE ALWAYS KNOWN  
 FORMER BIG OR LITTLE  OTHER: \_\_\_\_\_

Have you ever been, or applied to be, a volunteer with a Big Brothers Big Sisters agency in the past?

Yes  No

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

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

---

---

Are you anticipating changes in your life over the next year? (Job, moving, marital status, children) If yes describe:

---

Describe any training, education, paid or unpaid work or personal experience that would assist you in your position as a mentor, i.e., any experience you have with children between the ages of 6 and 15 years of age:

---

---

---

Are you a member of any clubs, affiliations or organizations?

---

What are your interests, hobbies or activities?

---

Are you interested in volunteering in other areas of the agency? If so, where?

---

Have you been arrested, charged, convicted or pardoned of a criminal offence?  Yes  No

Have you ever been accused, arrested, convicted or pardoned of a sexual offense involving a child or children?

Yes  No

## **REFERENCES**

The Agency requires the names of THREE references for every volunteer candidate. The agency will be contacting each person regarding your application. Complete the following information **fully and legibly**. PLEASE SUPPLY FAX NUMBERS OR E-MAIL ADDRESSES FOR FASTER RESPONSE. Be sure to let your Reference people know we will be contacting them.

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

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Vulnerable sector Reference<sup>1</sup> (if no volunteer or paid experience exists in the vulnerable sector within the last five years, an employment reference or educational official reference is required)**

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Significant Other (Partner, married or otherwise - if no significant other exists, a family reference is required)**

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Teacher Reference (only required if applying for Teen Mentoring program)**

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

***This information is true to the best of my knowledge.***

_____ <b>Signature of Applicant</b>	_____ <b>Signature of Parent/Guardian (If applicant is under 18)</b>	_____ <b>Date</b>
--	---	----------------------

**PLEASE NOTE:**

***If you live in Saint John, please complete the Criminal Record Check and Vulnerable Sector Check forms in this document and return to the office with two pieces of ID. We will send the form along for you at no charge. If you live in Grand Bay/Westfield/Rothesay/Quispamsis/Hampton/Sussex/Charlotte County, please let us know and we will provide you with a required letter to take to your local RCMP or Police station. Once the check has been completed, return the completed form to the office. Feel free to keep the volunteer application information pages in this document for your reference, all other forms need to be completed and returned to the office.***

\_\_\_\_\_  
<sup>1</sup> 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.

**VOLUNTEER PERMISSION AND RELEASE AGREEMENT**

**TO: BIG BROTHERS BIG SISTERS OF SAINT JOHN (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 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 BBBSC, 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.

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.

_____ <b>Signature of Applicant</b>	_____ <b>Signature of Parent or Legal Guardian (if required)</b>
_____ <b>Applicant Printed Name</b>	_____ <b>Parent or Legal Guardian Printed Name (if required)</b>
_____ <b>Date</b>	_____ <b>Date</b>



## Confidentiality Policy

---

All staff and volunteers of Big Brothers Big Sisters of Saint John 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 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 of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian  
(If applicant is under 18)**

\_\_\_\_\_  
**Date**

## Big Brothers Big Sisters' Program Evaluation Consent Form Teen Mentors

Big Brothers Big Sisters of Saint John often conducts an evaluation of some of its mentoring programs. This evaluation process looks at the **effectiveness of the programs themselves not individual mentoring relationships**. The evaluation process uses surveys that ask questions related to the **mentee's** attitude towards school, peer relationships, confidence and hopefulness about the future, among others.

In this evaluation process, we will be asking the teen mentors to complete the surveys and not the young people being mentored. The surveys will be completed near the beginning of a mentoring relationship or program and again, at the end of the school year, relationship or program. Surveys will take about 15 minutes to complete and will be kept anonymous and confidential.

Participating in this evaluation does not expose mentors or mentees to any risks. Participation is entirely voluntary; even if mentors choose to participate initially, they can withdraw later without experiencing negative consequences.

The answers provided by mentors will be combined with those of other mentors who are participating in the evaluation process. All completed questionnaires will be kept in secure storage at Big Brothers Big Sisters of Saint John and will not be made available to anyone other than the staff involved in the evaluation process.

**Please complete and return the attached form (to the Mentoring Coordinator) if you consent for your child to participate in this evaluation. As your child is a student, we are required to obtain your informed consent as part of the process.**

If you have any questions or want further information about our evaluation process please contact Laurie Collins, Executive Director at (506)635-1145 or [laurie.collins@bigbrothersbigsisters.ca](mailto:laurie.collins@bigbrothersbigsisters.ca).

Sincerely,



Laurie Collins  
Executive Director  
Big Brothers Big Sisters of Saint John

### Big Brothers Big Sisters of Saint John – Informed Consent

I, \_\_\_\_\_ (PARENT'S NAME) consent for my child \_\_\_\_\_  
(CHILD'S NAME) to take part in the Big Brothers Big Sisters' program evaluation process.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## MENTOR CODE OF CONDUCT

Big Brothers Big Sisters provides children and youth with safe, quality mentoring relationships with volunteer mentors. Serving as role models, Big Brothers Big Sisters mentors teach by example the importance of giving and giving back, of staying in school, and of having respect for family, peers and community.

As a mentor, you share with your mentee, their parents/guardians, the Big Brother Big Sister Agency, and (in certain programs) partnering site-based staff, a commitment to fostering a safe, enjoyable, meaningful, and healthy mentoring relationship by observing the following code of conduct:

- ✓ Mentors agree to conduct themselves in a manner consistent with their position as a positive role model to a child/youth, and as a representative of the Agency.
- ✓ Mentors will follow Agency policy and guidelines around the safety of their mentee as outlined in the Pre-Match Training Program.
- ✓ Mentors agree to respect the privacy and dignity of their mentee and family by not divulging confidential information without consent, except where required by law as in the case of suspected child abuse.
- ✓ Mentors agree to honor the commitment of spending time together on a regular basis, yet agree to limit their involvement in their mentee's life to what is deemed appropriate by the Agency. Mentors are seen as an influence, not a dominant factor, in their mentee's life.
- ✓ Mentors will establish boundaries with both their mentee and their mentee's parent/guardian. Mentors understand it is not their role to provide support to the parent/guardian, but will respect the family's boundaries and approach.
- ✓ The mentor-mentee relationship is based on mutual respect. Mentors agree to treat the Mentee and their family in a respectful way at all times.
- ✓ Mentors agree to allow their mentee to develop their friendship at their own pace.
- ✓ Mentors agree to participate in regular support meetings to discuss the match relationship and to commit to a mandatory match monitoring schedule to ensure the match is safe and healthy; to ensure their mentee derives the most benefit possible from the mentoring friendship; and to ensure both mentee and mentor are feeling valued and supported in the match.
- ✓ Mentors agree to notify the agency of any changes of circumstances (living situation, change of address, phone number, etc.)
- ✓ Mentors agree to connect with program staff to formally close the match. Spending time to close the match in a positive way is essential and is empowering for the mentee. Mentors understand it is imperative, for the well-being of the mentee, to take the time to work with program staff on a positive closure that celebrates the accomplishments of the match relationship.

**Signature of Mentor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If the volunteer is under 18)

## Social Development Record Check Consent Form

- You must indicate if it is for:**
- Initial check
  - Five-year renewal
  - Owner/Operator
  - Exemption request
  - New childcare facility request

**Send to:** Centralized SD Record Check Services  
P.O. Box 5001, Moncton, NB E1C 8R3  
Fax: 506-856-3013  
Phone: 506-856-2258 Toll free: 1-844-994-7372 (SDRC)  
Email: [Check.Verification@gnb.ca](mailto:Check.Verification@gnb.ca)

**Return to:** Big Brothers Big Sisters of Saint John  
39 King St. 3rd Level, Brunswick Square  
Saint John, NB E2L 4W3 Ph: 506-635-1145  
Ph: 506-635-1145 Email: [brother@nb.aibn.com](mailto:brother@nb.aibn.com)

**Name of Agency / Service:** Big Brothers Big Sisters of Saint John **Fax:** 506-633-7781  
**Address:** 39 King St, 3rd Level, Brunswick Sq, Saint John, NB E2L 4W3 **Telephone:** 506-635-1145

**PLEASE PRINT**

Full Name of Applicant:     
*Surname* *First Name* *Middle Name*

Maiden Name:  Other(s) surname(s):

Date of Birth    Sex: M  F  Previous employer: \_\_\_\_\_  
*Year* *Month* *Day*

Current address (must contain civic#, city/town and postal code): \_\_\_\_\_

Previous Addresses within past five years (must contain civic#, city/town and postal code): \_\_\_\_\_

The Applicant provides consent to the Department of Social Development:

- To conduct a SD Record Check, as described below, and
- To disclose the outcome of the SD Record Check to the agency/service named at the top of this form.

The purpose of the SD Record Check is to review Social Development files to determine if the Applicant has been a person identified in the following:

- a) a court order based on a finding by the court that a person has endangered a child's security or development as described in paragraphs 31(1)(a) to (g) of the Act or a person's security as described in paragraphs 37.1(1)(a) to (g) of the Act;
- b) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister; and
- c) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister;
- d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user, where the person has been directed by the Minister to terminate the operation of the community placement resource.

Applicants with any of the above-noted criteria cannot be approved in the delivery of programs and services funded and/or approved by the Department of Social Development, including:

- operate or work in an early learning and childcare facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence, except as a client receiving services as part of an approved case plan;
- provide home support services, such as attendant care and homemaker;
- become an adoptive parent.

The Applicant acknowledges that he/she has read and understands the purpose of this consent. Applicants who are not in agreement with the outcome of the SD Record Check may request a review in writing.

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
**Signature of applicant**

*The Witness acknowledges that they have reviewed the Applicant's government issued identification and confirms that the information recorded above matches the Applicant's government issued identification.*

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
**Signature of witness** **Print name (witness)**

*Note: All incomplete forms will be returned to the sender which will result in a delay to the processing of the SD Record Check.*

[ ] **Contravention not indicated** [ ] **Contravention indicated** Signature \_\_\_\_\_ Date \_\_\_\_\_



Royal Canadian Mounted Police  
Canadian Police Information Centre

Gendarmerie royale du Canada  
Centre d'information de la Police canadienne

**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.*

**Identification of the Applicant**

Surname		Given Name(s)		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (Y-M-D)	Place of Birth	Current Address		
Previous addresses, if any, within the last 5 years				

**Reason for the 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 persons.*

Description of the paid or volunteer position	Name of the person or organization
Details regarding the children or vulnerable person(s) Minors <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/>	

**Consent**

*I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out 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 and Emergency Preparedness 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 that 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 (Y-M-D)
------------------------	--------------



A National Police Service of the  
Royal Canadian Mounted Police



### APPLICATION FOR A CRIMINAL RECORDS CHECK

Please print

Full Name: (First, Middle, Last Name)	Former Names Used: (ie: Maiden)
Sex:	Date of Birth (yyyy-mm-dd):
Phone Number:	Employee/Student Number:
Organization/Employer:	
Description of paid or volunteer position:	

**NOTE: Applications not properly filled out using requested name and date formatting will not be accepted.**

#### Authorization for Release of Personal Information

I hereby authorize (Dave Hutchings), and/or his/her designate to collect, use, retain, distribute and update as required the information relating to my activities past and present, on my behalf as required for purposes relating to my employment and/or volunteer position with the Canadian Corps of Commissionaires.

I also understand and further authorize the members/agents of the Saint John Police Force to conduct a criminal records check that will include a Canadian Police Information Centre (CPIC) background check for a criminal record, a regional Justice Information System (JISNB) check as well as a local police records background check. A vulnerable sector check will also be conducted for any individual who will be seeking employment and/or a volunteer position with children or vulnerable persons. As set out within the Criminal Records Act of Canada, consent for verification application form (Form 1) must be completed by the applicant. (See attached if applicable).

In any case where a possible match is identified, the applicant will be required to attend, in person, the Lobby of the Saint John Police Force headquarters, 1 Peel Plaza, Saint John, N.B.

I hereby release and discharge the Saint John Police Force and all their agents from any and all claims, actions and demands for damages, loss or injury of any nature arising from disclosure of information. Furthermore, I understand that upon the disclosure of information, the Saint John Police Force and all their agents waive any responsibility for its use and or subsequent dissemination by myself.

I understand that the information may be retained by (Canadian Corps of Commissionaires) and/or its affiliated companies in a secure location for the purposes of auditing this process and resolution of appeals. As per the Criminal Records Act of Canada, a person or organization that acquires information under this section in relation to an application for a position shall not use it or communicate it except in relation to the assessment of the application.

\_\_\_\_\_

Name (print)SignatureDate (yyyy-mm-dd)

(Staff must confirm the following information from 2 pieces of ID presented by applicant: **Photograph, Name, DOB and Address**)

<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> Driver's License/ ID Card	<input type="checkbox"/> Student ID	<input type="checkbox"/> Passport
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Medicare Card	
<input type="checkbox"/> Other _____		
_____	_____	_____
Verified By (print)	Signature	Date (yyyy-mm-dd)
<b>POLICE USE ONLY</b>		
<input type="checkbox"/> Negative	_____	_____
<input type="checkbox"/> May/May not		
<input type="checkbox"/> VS check needed		
	Signature	Date (yyyy-mm-dd)