

THE  
**HOMEWORK CLUB**  
An after school mentoring program for kids

**YOUTH  
VOLUNTEER  
APPLICATION**  
Private & Confidential

*\*Please keep this page for future reference*

Thank you for your interest in joining The Homework Club, as a volunteer **Mentor**.

**Commitment:**

**The Homework Club** program requires a commitment of 70 minutes per week, after school from October – April (holidays, school and exam breaks excluded). The program takes place at local elementary schools across Halton region and in the city Hamilton. You will be mentoring a child one-on-one in a group setting, assisting them with homework.

The application process is not too complicated- take it step by step! Here's a breakdown of what you need to get done:

1. Fill in your application. If you are under 18 years of age, have your parent/guardian sign in the appropriate spaces. **If you are 18 years of age or older, please contact a Case Manager below for an "Adult Application Form"**
2. Ask three people who are 19 years or older and have known you for at least 2 years to provide a reference for you (*family, personal and teacher*).
3. Give each of your references the appropriate form, have them fill it out and email it directly to April Tanner ([April.tanner@bigbrothersbigsisters.ca](mailto:April.tanner@bigbrothersbigsisters.ca))
4. Submit your completed application via email to **April Tanner** ([april.tanner@bigbrothersbigsisters.ca](mailto:april.tanner@bigbrothersbigsisters.ca))
5. We will then contact you to schedule an interview and training and answer any questions you may have about the program.

*Please note all volunteers are required to be able to converse comfortably in English due to the academic nature of the program. It is recommended that volunteers are able to hold their own academic average at 70% or higher.*

**April Tanner**

905.339.2355 ext. 235

Case Manager

**The Homework Club-Volunteer Intake**

[April.tanner@bigbrothersbigsisters.ca](mailto:April.tanner@bigbrothersbigsisters.ca)

*In Partnership with:*



**Thank you for your interest in volunteering in the Homework Club program.  
Please keep page 1 for your records and continue your application on page 3.**

Date (MM/DD/YY):
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**YOUTH VOLUNTEER APPLICATION FOR THE HOMEWORK CLUB PROGRAM**

Full name:		Gender:	
Preferred First Name:		<i>Pronouns (optional):</i>	
Address:			
City:		Postal Code:	
Primary Phone Number:		Secondary Phone Number:	
E-mail Address:			
Grade:		Average 70% or over? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
High School Name:		YOUR school dismissal time:	
Birth Date (MM/DD/YY):			

Emergency Contact Name:	
Relationship:	
Primary Phone Number:	Secondary Phone Number:

Where did you hear about The Homework Club?			
<input type="checkbox"/> Television	<input type="checkbox"/> Current volunteer	<input type="checkbox"/> Information Booth	
<input type="checkbox"/> Radio	<input type="checkbox"/> Friends/Relative	<input type="checkbox"/> Special Events	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Business/Corporate	
<input type="checkbox"/> Website _____	<input type="checkbox"/> Former Little	<input type="checkbox"/> BBBS@Mac	
<input type="checkbox"/> Social Media	<input type="checkbox"/> Former Big	<input type="checkbox"/> Always known	
<input type="checkbox"/> Billboard/Transit Ad	<input type="checkbox"/> Presentation	<input type="checkbox"/> Other:	
<input type="checkbox"/> Brochure	<input type="checkbox"/> Referral By whom:	<input type="checkbox"/> Volunteer Halton Website	
<b>Medical Conditions</b> Do you have any medical conditions or allergies of which we should be aware? Please list			
Are you taking any medications that may adversely affect your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain			
Have you ever been involved with children as a volunteer or employee (Boys & Girls Club, Girl Guides/Scouts, camps, sports, faith communities, etc.)?			
What are your leisure time interests and activities? (clubs, sports, hobbies, special interests)			
Why do you want to be a volunteer Homework Club Mentor?			
Can you commit to the following in order to qualify as a mentor?			
1. <b>Commitment:</b> Are you able to spend 70 minutes per week with the program?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. <b>Availability:</b> Do you have other commitments that may interfere with your availability on the program day you are interested in?    Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain: _____			
3. <b>Location:</b> Do you have transportation to the school which you are most interested in?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Will you walk, ride, bus, drive, etc.? _____			
<i>*Note: You are not permitted to transport or spend time with your mentee outside of the program!</i>			

**HALTON:** Please mark (1, 2, 3) your top three preferences for which Homework Club program you would like to participate in for the 2023-24 school year. Please note that availability in some groups is limited, please select your top 3 choices and we can place you accordingly. For Burlington/Milton, it is ok to select 1-2 choices.

**HAMILTON:** Please select your first choice location (there might only be one option near you)

### 2023-24 School Year Locations

#### **Burlington Locations**

	<b>St. Anne Catholic Elementary School</b> 4675 Doug Wright Dr, Burlington, ON L7M 0N9	Tuesdays	3:10-4:20
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#### **Oakville Locations**

	<b>Abbey Lane Public School</b> 1160 Old Abbey Lane, Oakville ON L6M 1S4	Tuesdays	3:15-4:25
	<b>St Andrew Catholic School</b> 145 Millbank Drive, Oakville ON L6H 6G3	Wednesdays	3:30-4:40
	<b>E.J. James Public School</b> 338 Cairncroft Rd, Oakville, ON L6J4M6	Thursdays	3:15-4:25
	<b>St Teresa of Calcutta Catholic School</b> 1190 Westview Terrace, Oakville ON L6M 3N2	Thursdays	2:50-4:15
	<b>James W Hill Public School</b> 2860 Kingsway Drive, Oakville ON L6J 6R3	Wednesdays	3:05-4:25

#### **Milton Locations**

	<b>P.L. Robertson Public School</b> 840 Scott Blvd, Milton ON L9T 2C9	Mondays	3:05-4:15
	<b>Boyne Public School</b> 1110 Farmstead Drive, Milton ON L9E 0B5	Tuesdays	3:15-4:25

#### **Hamilton Programs**

	<b>BGC</b> 45 Ellis Ave, Hamilton, ON L8H 4L8	Monday	3:30-5:00
	<b>Hillcrest Elementary School</b> 40 Eastwood St, Hamilton, ON L8H 6R7	Wednesday	3:30-4:40

#### **Virtual Programs (2023-24)- CURRENTLY WAITLISTED**

	<b>Virtual Group A</b> Online- Zoom Platform	Thursday	5:30-6:30
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**VOLUNTEER PERMISSION  
& RELEASE AGREEMENT****VOLUNTEER PERMISSION AND RELEASE AGREEMENT**

**TO: BIG BROTHERS BIG SISTERS OF GRAND ERIE, HALTON AND HAMILTON (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 BBSC, including payment of any and all legal expenses of the Agency, BBBSC and/or any of their member agencies.
  
3. **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

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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.

4. **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.

5. **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 #5 *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

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if required)

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Printed Name  
(if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Confidentiality Policy

All staff and volunteers of Big Brothers Big Sisters of Grand Erie, Halton and Hamilton (“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 agree I will keep confidential and will not directly or indirectly disclose or use at any time, either during or subsequent to, being a volunteer with Big Brothers Big Sisters of Grand Erie, Halton and Hamilton any information, knowledge or data relating to any family and/or child that come to attention as a result of my participation with the agency without the consent of the caregiver/legal guardian and the agency, unless it is necessary to do so in order to carry out my duties as a volunteer.**

**I understand that the agency provides service to its clients and volunteers in good faith and have read, understand and accept the above conditions. This consent and waiver shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of Grand Erie, Halton and Hamilton unless otherwise revoked.**

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

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Family Reference

PLEASE PRINT

Provided for: \_\_\_\_\_ Provided by: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Big Brothers Big Sisters is an organization that enrolls volunteer mentors to provide a healthy role model to children and youth in our community. The applicant wishes to volunteer as a Mentor and must provide a stable, positive influence over the period of their commitment, which is 60-70 minutes, one day per week. Help us Start Something for our community's youth by providing a reference that, to the best of your knowledge, is an honest reflection of the applicant and their ability to be a positive influence in the life of a child by providing academic assistance, friendship and support as a volunteer in our Homework Club or Adventure Canada Club programs.

**Your responses will remain confidential.**

**To submit this reference:**

1. You must be 19 years of age or older and have known the applicant for at least 2 years
2. Sign and email directly to [April.tanner@bigbrothersbigsisters.ca](mailto:April.tanner@bigbrothersbigsisters.ca)

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
2. Did you know the applicant was applying to be a mentor?  Yes  No  
If so, what was your reaction? \_\_\_\_\_
3. What personal strengths do you feel the applicant has to offer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Can you tell me about the applicant's community involvement and personal interests?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. When have you witnessed the applicant interacting with children/youth? How does the applicant interact with or relate to children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Can the applicant be counted on to follow through on the commitments he/she undertakes?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

*In Partnership with:*



7. Have you ever known the applicant to be inappropriate (emotionally, physically, verbally, sexually) with either adults or children?  Yes  No  
If so, please explain: \_\_\_\_\_
8. To your knowledge, has the applicant ever had any trouble following rules?  Yes  No  
If so, what kind of rules? \_\_\_\_\_
9. Has the applicant experienced an addiction, health or emotional concern that may impact his/her ability to participate actively in a match?  Yes  No
10. Is there anything that you are aware of that may interfere with the applicant's ability to mentor or that would cause their commitment to our organization to come to an end?  Yes  No
11. Based on your knowledge of who the applicant has in his/her life, to whom would he/she be most likely turn, or be responsive to, for support or guidance?
12. Would you allow the applicant to develop a one-to-one relationship with your child/youth or a child you care about?  
 Yes  No  
If not, why not? \_\_\_\_\_
13. Would you recommend the applicant as a mentor for a child/youth?  Yes  No
14. Is there anything you would like to add that would aid us in our decision?

\_\_\_\_\_  
**Signature of Referee**

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

Office Use Only:

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

*In Partnership with:*



## Teacher Reference

PLEASE PRINT

Provided for: \_\_\_\_\_ Provided by: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Big Brothers Big Sisters is an organization that enrolls volunteer mentors to provide a healthy role model to children and youth in our community. The applicant wishes to volunteer as a Mentor and must provide a stable, positive influence over the period of their commitment, which is 60-70 minutes, one day per week. Help us Start Something for our community's youth by providing a reference that, to the best of your knowledge, is an honest reflection of the applicant and their ability to be a positive influence in the life of a child by providing academic assistance, friendship and support as a volunteer in our Homework Club or Adventure Canada Club programs.

**Your responses will remain confidential.**

**To submit this reference:**

1. You must be 19 years of age or older and have known the applicant for at least 2 years
2. Sign and email directly to [April.tanner@bigbrothersbigsisters.ca](mailto:April.tanner@bigbrothersbigsisters.ca)

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
2. Did you know the applicant was applying to be a mentor?  Yes  No  
If so, what was your reaction? \_\_\_\_\_
3. What personal strengths do you feel the applicant has to offer? \_\_\_\_\_  
\_\_\_\_\_
4. Can the applicant be counted on to follow through on the commitments he/she undertakes?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
5. To your knowledge, has the applicant ever had any trouble following rules?  Yes  No  
If so, what kind of rules? \_\_\_\_\_  
\_\_\_\_\_
6. Would you allow the applicant to develop a one-to-one relationship with your child or a child you care about?  
If not, why not? \_\_\_\_\_  
\_\_\_\_\_

*In Partnership with:*



7. Would you recommend the applicant as a mentor for a child or youth?  Yes  No

8. Is there anything you would like to add that would aid us in our decision? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Please rate the student on the following characteristics. Please provide a brief explanation if your answer reflects a “somewhat good”, “poor” or “extremely poor” rating.

Quality	Extremely Good	Very Good	Somewhat Good	Poor	Extremely Poor	Comments
Flexibility						
Ability to accept feedback						
Maturity						
Ability to manage time well						
Ability to get along with others						
Attentiveness						
Ability to be on time						
Ability to work unsupervised						

\_\_\_\_\_  
**Signature of Referee**

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

Office Use Only:

\_\_\_\_\_  
 Signature of Case Manager

\_\_\_\_\_  
 Date

*In Partnership with:*



## Personal Reference

PLEASE PRINT

Provided for: \_\_\_\_\_ Provided by: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Big Brothers Big Sisters is an organization that enrolls volunteer mentors to provide a healthy role model to children and youth in our community. The applicant wishes to volunteer as a Mentor and must provide a stable, positive influence over the period of their commitment, which is 60-70 minutes, one day per week. Help us Start Something for our community's youth by providing a reference that, to the best of your knowledge, is an honest reflection of the applicant and their ability to be a positive influence in the life of a child by providing academic assistance, friendship and support as a volunteer in our Homework Club or Adventure Canada Club programs.

**Your responses will remain confidential.**

**To submit this reference:**

1. You must be 19 years of age or older and have known the applicant for at least 2 years
2. Sign and email directly to [april.tanner@bigbrothersbigsisters.ca](mailto:april.tanner@bigbrothersbigsisters.ca)

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
2. Did you know the applicant was applying to be a mentor?  Yes  No  
If so, what was your reaction? \_\_\_\_\_  
\_\_\_\_\_
3. What personal strengths do you feel the applicant has to offer? \_\_\_\_\_  
\_\_\_\_\_
4. Can you tell me about the applicant's community involvement and personal interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is the applicant like as a friend? \_\_\_\_\_  
\_\_\_\_\_
6. When have you witnessed the applicant interacting with children/youth? How does the applicant interact with or relate to children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Can the applicant be counted on to follow through on the commitments he/she undertakes?  Yes  No  
Please explain:

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- 
- 
8. Have you ever known the applicant to be inappropriate (emotionally, physically, verbally, sexually) with either adults or children?  Yes  No  
If so, please explain: \_\_\_\_\_
- 
9. To your knowledge, has the applicant ever had any trouble following rules?  Yes  No  
If so, what kind of rules? \_\_\_\_\_
- 
10. Has the applicant experienced an addiction, health or emotional concern that may impact his/her ability to participate actively in a match?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 
11. Is there anything that you are aware of that may interfere with the applicant's ability to mentor or that would cause their commitment to our organization to come to an end?  Yes  No  
\_\_\_\_\_
- 
12. Based on your knowledge of who the applicant has in his/her life, to whom would the applicant most likely to turn, or be most responsive to, for support or guidance?  
\_\_\_\_\_
- 
13. Would you allow the applicant to develop a one-to-one relationship with your child/youth or a child/youth you care about?  Yes  No  
If not, why not? \_\_\_\_\_
- 
14. Would you recommend the applicant as a mentor for a child/youth?  Yes  No
15. Is there anything you would like to add that would aid us in our decision? \_\_\_\_\_
- 
- 

\_\_\_\_\_  
**Signature of Referee**

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

Office Use Only:

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

*In Partnership with:*

