

The



Program

APPLICATION TO BECOME A VOLUNTEER FOR THE SIDEKICKS MENTORING PROGRAM

Date: _____
month / day/ year

Name: _____ Phone: (res) _____ Email: _____

Address: _____ City: _____ PC: _____

Do you go to school / work or both: _____

Work Location: _____ Occupation: _____

Hours of Work: _____ Phone(wk) _____ O.K. to phone? **Y N**

POSITION INTERESTED IN

PLEASE CHECK OTHER AREAS OF INTEREST:

TIME AVAILABILITY:

HOW DID YOU HEAR ABOUT SIDEKICKS:

- Senior Sidekick (adult)
- Sr. Sidekick (Peer Mentor <18)
- Sidekicks Activities Team Member
- Group Mentor
- Fundraising Volunteer

- Volunteer recruitment
- Sponsorship
- Office (filing, promotions, general housekeeping)
- Client contact
- Fundraisers
- Bingos

- _____ Hours/week
- _____ Hours/month
- Regularly
- Occasionally

- Weekdays
- Weekends
- Morning
- Afternoon
- Evening

- Newspaper
- Brochure
- CIVC
- Poster
- Word of mouth
- Display
- Mentoring Works

For Sr. Sidekicks Applicants,

Please check Jr. Sidekicks preferences:

Male

Female

Age: _____

☺ Why do you want to volunteer for Sidekick? What motivated you to apply?

☺ Do you have any health or physical constraints that need to be taken into consideration when determining your volunteer placement?

☺ **Interests/Hobbies:**

☺ What qualities do you have that you feel would contribute to the Sidekicks program? _____

☺ What experience (if any) have you had with children between the ages of 6 to 16? _____

☺ How did you feel about those experiences? _____

Work Experience:

Name of Company	Job Position	Date / Year of Employment

Volunteer Experience:

Name of Agency	Position	Length of Stay

Education:

	Area of Study	Level Completed
HIGH SCHOOL:		
COLLEGE/UNIVERSITY:		
OTHER:		

Teen Volunteer Parental Consent (all applicants under 18)

I _____, acknowledge that my son/daughter _____ has discussed with me their intention to apply as a volunteer with the Sidekicks Mentoring Program.

I agree to support my son/daughter in their volunteer role and will respect the oath of confidentiality that my son/daughter will sign if accepted into the program. I hereby agree that all confidential information acquired in the course of my son's/daughter's involvement with the Sidekicks Mentoring Program will not be discussed with persons other than the Sidekicks Mentoring Staff or the appropriate Child Welfare authorities, if a child is deemed to be in immediate danger.

Parents Signature: _____ Date: _____

Witness: _____ (must be over 18)

Vehicle Information

Do you have a valid driver's license?	Y	N
Do you drive?	Y	N
Do you have access to a vehicle?	Y	N
Do you have vehicle insurance coverage, including \$2,000,000 liability and personal injury?	Y	N

***** If you answer no to any of the above, please fill out the following *****

I _____, hereby verify that I will not be personally transporting myself or my Jr. Sidekick on any of our Sidekicks outings.

Signature: _____ Date: _____

Parents Signature (if under 18): _____

***** If you answered yes to all the above questions, please fill out the following *****

Who is your insurance company: _____ Phone: _____

Who is your agent: _____

I _____, verify that my vehicle is reliable and safe to drive. I agree to supply proof of my vehicle insurance, a photocopy of my driver's license, and to maintain my vehicle and insurance coverage while serving as a Sidekicks Mentoring Volunteer.

Signature: _____ Date: _____

Parents Signature (if under 18): _____

CHARACTER REFERENCES

Please provide **ALL THE REQUESTED INFORMATION** for persons who have known you for about three years, **who have seen you with children** and who will be willing to submit references for you on request. If possible, please include a present and/or past employer, and a family member. Please do not use more than one family member.

PLEASE PRINT

Reference #1

Mr./Mrs. Miss/Ms. _____ Phone Number: _____ Occupation: _____ How does this person know you? _____
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Reference #2

Mr./Mrs. Miss/Ms. _____ Phone Number: _____ Occupation: _____ How does this person know you? _____
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Reference #3

Mr./Mrs. Miss/Ms. _____ Phone Number: _____ Occupation: _____ How does this person know you? _____
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I _____, hereby authorize the Sidekicks Mentoring Program to contact the above referees to solicit a reference in connection with my application for the position of Sidekicks Mentor.

I _____, hereby authorize the above named referees to provide a reference in connection with my application for the position as a volunteer with the St. Albert Sidekicks Mentoring Program, and release them from any liability in regard to same.

Signature: _____ Date: _____

Parents Signature (if under 18): _____

I _____, have read and understand the job description for the Sidekicks position I have selected. If accepted as a Sidekicks volunteer, I agree to fulfill the responsibilities outlined.

I understand that failure to fulfill these responsibilities may lead to the termination of my volunteer position.

Signature: _____ Date: _____

Parents Signature (if under 18): _____

I _____, hereby certify that the information included in this application form is true and complete. I understand that an incomplete application will not be considered, and that providing false information is grounds for immediate disqualification from the application process and for immediate dismissal if the falsehood is discovered after acceptance into the program.

I _____, hereby authorize verification of all statements herein and release the Sidekicks Mentoring Program and all others from liability in connection with the same.

Signature: _____ Date: _____

Parents Signature (if under 18): _____

I _____, have read and understand the confidentiality policy for the Sidekicks Mentoring Program. If accepted as a Sidekicks volunteer, I agree to accept the policy as stated.

I understand that failure to comply with the policies of the Sidekicks Mentoring Program may lead to the termination of my volunteer position.

Signature: _____ Date: _____

Parents Signature (if under 18): _____
