

Big Brothers Big Sisters of Bermuda

Friendship makes a BIG difference!

P.O. Box HM 3261
Hamilton HM PX
Tel: (441) 232-2802
Fax: (441) 236-5412

Volunteer Application Form

Please print all information

Name _____

Home Address: _____

Work Address: _____

Home: _____ Work: _____ Cell: _____

Fax: _____ Email: _____

How did you hear of us? Friend/Relative ___ Newspaper ___ Radio/Television ___ Brochure ___

Big For A Day ___ Building Sign ___ Other ___ (please give details) _____

Please list any specialist skills, experience or interests that may assist us in placing you with a committee:

REFERENCES

Please list the names and **contact numbers** of three (3) persons who can vouch for your reputation, character and morals, and who have known you at least two years (you may include your employer). Please do not list relatives. Please type or print clearly.

1. Name: _____

Home: _____ Work: _____ Cell: _____

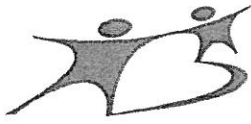
2. Name: _____

Home: _____ Work: _____ Cell: _____

3. Name: _____

Home: _____ Work: _____ Cell: _____

Date: _____ Signed: _____



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CONFIDENTIAL

As a matter of procedure, along with personal references, a police check is required on each volunteer applying to Big Brothers and Big Sisters. As with the other references, all replies are held in the strictest confidence. That a person has had a police record, does not mean that they cannot be accepted as a Volunteer. However, no applicant will be processed without such a check.

POLICE RELEASE OF INFORMATION

I hereby give permission to the Police Department to release to the Big Brothers and Big Sisters of Bermuda, any information pertaining to, or verification of, criminal convictions against me in the past.

Date: _____ Print Full Name: _____

Maiden name: _____ Date of marriage (if applicable): _____

Address: _____

Date of birth (day/month/year): _____

Place of birth (city & state if applicable): _____

Signature: _____

FOR POLICE USE:

No Convictions: _____ List of criminal convictions:-

Signed by Officer: _____ Commissioner _____