



APPLICATION

Big Brothers & Big Sisters of PEI

Please return to:

Big Brothers Big Sisters of PEI

2 St. Peter's Rd.

Charlottetown, PEI

C1A 5N2

Phone: 566-KIDS (5437) or Toll Free: 1-877-411-3729

PLEASE PRINT OR TYPE:

Which Big Brothers Big Sisters program are you applying for?		
<input type="checkbox"/> Big Brother		
<input type="checkbox"/> Big Sister		
<input type="checkbox"/> Big Couple		
<input type="checkbox"/> In-School Mentor		
<input type="checkbox"/> Unsure		
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:

Mailing Address:		Apartment #:	City:
Postal Code:	Phone (Daytime):	Phone (Evenings):	
Cell Phone #:	Email address:		

PERSONAL INFORMATION

Date of Birth: (Month/Day/Year)	Marital Status:	Names and Ages of Children (if applicable):	
Occupation:	Years Employed:	Employer:	
What changes do you anticipate with work or family, within the next year?	Do you own or have access to a vehicle?	Do you know anyone involved with Big Brothers Big Sisters? If so, who and how are they involved with BBBS?	

Have you ever previously applied to become a Big Brother, Big Sister, Big Couple, In-School Mentor or Volunteer? Yes ___ No ___

I understand and accept the following:

The information supplied in my application form is true to the best of my knowledge. The information supplied in my application form is treated confidentially. Any files will remain the property of Big Brothers Big Sisters of P.E.I., Inc. I am under no obligation to be a Big Brother, Big Sister, Big Couple, or Mentor and the Agency is under no obligation to accept my service.

Signature of Applicant: _____

Date: _____