



Big Brothers Big Sisters of Lethbridge & District

Our Mission:

“We are a Volunteer agency that enriches the lives of children and youth by matching them with positive adult mentors.”

PROGRAM INFORMATION FOR PARENTS/GUARDIANS

Big Brothers Big Sisters of Lethbridge and District matches children with caring, responsible adult volunteers. The goal of the relationship is to provide stable, positive role models. We also provide quality activities and opportunities for children waiting to be matched, through scholarships, bursaries, tickets and group events.

Community-Based Mentoring:

Our volunteer Mentors spend approximately 3 to 5 hours per week in a quality outing with a child. The commitment is for one year. The child and the volunteer(s) participate in fun activities together. These are usually low cost and the volunteer is responsible for paying for these outings. The volunteer's primary focus is on the child and the building of a one to one friendship.

Family requirements for our program:

- ◆ **Ages of Children:** 6-16 yrs
- ◆ Single parent families (some exceptions can be made)
- ◆ The children must live in Lethbridge and surrounding area (eg. Coaldale, Coalhurst, etc.).
- ◆ Girls who live with either their mother or father may apply for a Big Sister.
- ◆ Boys who live with their father may apply for a Big Sister or a Big Brother.
- ◆ Both girls and boys may be considered for a Big Couple.
- ◆ Children are not eligible if they are presently in a temporary placement, group home, or residential treatment program. The family may apply 6 months after the child returns home.
- ◆ Visitation with the non-custodial parent must not be more than once per month. If visits are full weekends, the child might not have time for our program. If custody is joint or shared, a joint custody waiver must be signed by the other parent.
- ◆ The family must have a telephone (residence or cellular).
- ◆ The child must be available 3 to 5 hours per week for one year in order to spend time with their Mentor.
- ◆ ***Children with severe emotional, behavioral or health issues have special needs. Our volunteer Mentors are not childcare professionals and are not trained in this area; therefore, if your child does have special issues or needs, we will refer you to the appropriate agencies.***

NOTE: *Have you considered a female role model for your son? Research indicates that young boys benefit from a mentor regardless of gender.*

“Real Boys Voices” by William A. Pollack

If you have questions about our programs, please call us at 328-9355.

Application process for Community-Based Mentoring:

Pre-Match

Children:

Parent Contacts BBBS
Program Information and Application sent to Parent
BBBS receives Application Form

Parent and Child Safety Training/Orientation (mandatory*)

****Processing of your child's application will not begin until after you and your child attend the Child Safety/Orientation Seminar***

Parent and Child Interviews
References from Teacher, Professionals returned to BBBS
Child Assessed for Approval
Upon Approval Child placed on Waitlist

Volunteers:

Initial Contact with BBBS Intake
BBBS receives Application, References, Police Check, CWIS Check and Insurance
Policy

Home Interview

(Couples Applications: The interview for couples is done separately. A joint interview is also completed)

Volunteer Safety Training/Orientation
Caseworker completes an assessment and recommendation
File is passed to Executive Director for approval

Matching Process

Volunteer chooses Mentee with Caseworker
Volunteer and Parent meet at BBBS
Initial Match Meeting with Volunteer, Child and Parent BBBS
The Match Begins....Follow up as per National Standards

Please note:

Applications cannot be processed until both parent and child attend training. Child Safety Training can be difficult for children and parents who have been through abusive situations. Please contact our caseworker if you have concerns about the training you or your child will receive.





Big Brothers Big Sisters of Lethbridge & District

LITTLE SISTER/LITTLE BROTHER APPLICATION

1. CHILD INFORMATION

Date _____

Child's Full Legal Name _____

Date of Birth _____ Gender Female Male

Address _____

City _____ Postal code _____

Home Phone Number _____ Email Address _____

School _____

Grade _____ Ethnicity _____ Language(s): _____

Child's Alberta Health Care Number _____

Who has legal custody of the child? _____

2. PARENT/GUARDIAN INFORMATION

Parent's Name _____

Date of Birth _____ Current Marital Status _____

Occupation _____ Ethnicity _____

Employer _____

Working Hours _____ Work Phone # _____

Fax # _____ Cell Phone # _____

E-mail Address _____

May we contact you at work? Yes No

What is the best time to reach you? _____

If not employed, what is your means of support? _____

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Disability | <input type="checkbox"/> Student - Full Time |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Other | <input type="checkbox"/> Student - Part Time |

You are a single parent family as a result of:

- Divorce Date _____
- Separation Date _____
- Death Date _____
- Other _____

EMERGENCY CONTACT INFORMATION

Whom may we contact if we are unable to contact you?

Name _____

Address _____

City _____ Postal Code _____

Relationship _____ Phone Number _____

3. OTHER CHILDREN

First Name	Last Name	Birth Date	Gender (M / F)	Live at home (Y/N)

Have any of your children applied or been involved in Big Brothers /Big Sisters/ Big Couple or In- School Mentoring Programs in the past? Yes No. If yes, please provide their names and dates of application:

Child Full Name	Date of Application

Have any of your children been matched or are currently matched in a Big Brothers/ Big Sisters/ Big Couple or In- School Mentoring Programs? Yes No. If yes, please provide their names and dates of the matches:

Child Full Name	Date of Match

Do other people live in your home? Yes No. If yes, please provide their names, gender, and relationship to your child.

Full Name	Gender (M / F)	Relationship

4. OTHER PARENT (WHETHER INVOLVED OR NOT)

Other Parent's Name _____

Date of Birth _____ Home Phone # _____ Cell Phone # _____

Address _____

City _____ Province _____ Postal Code _____

Current Marital Status _____ Occupation _____

Ethnicity _____ E-mail Address _____

- What are the legal/court provisions regarding the other parent's access to the child?

- How much time does the other parent spend with your child? When was the last time he/she visited and for how long? How often do they talk on the phone? _____

- Is the other parent aware of your application for a Big Brother or Big Sister? Yes No
If yes, what is his/her attitude, if no, would he/she be in favour? _____

- Does the child have any other one-to-one contact with an adult role model? Yes No
If yes, explain with whom (including relationship, how often they meet, what they do together, etc.). _____

5. HEALTH / RELATIONSHIPS / INTERESTS

- Please list any health problems, allergies, limiting conditions or communicable disease your child has: _____

- Is your child on any medications? If yes, please list them:

- Has your child experienced any form of abuse (ie. physical, sexual or emotional abuse)?

- Has your child ever gone for counselling, therapy or assessment? Yes No

If yes, please explain for what reason and include the dates.

- Has your family had previous or current experience with Child and Family Social Services? Yes No

- Does your child have special needs that we should be aware of? Yes No

- Any behavioral or emotional difficulties that concern you? Yes No

If yes, to either of the above please explain.

6. MENTOR INFORMATION

• Do you have any restrictions or preferences in matching your child to a Mentor? _____

• Is your child aware of your application for a Mentor? Yes No
Does your child want a Big Sister/Big Brother? Please explain why.

7. PROFESSIONAL REFERENCES

a) Classroom Teacher/Principal or Resource Teacher

Teacher's Name _____
School _____
School Phone # _____ Fax # _____

b) Other professionals (Social Worker, Therapist, etc.)

Name _____ Position _____
Agency _____
Phone # _____ Fax # _____
Duration of involvement _____

Name _____ Position _____
Agency _____
Phone # _____ Fax # _____
Duration of involvement _____

Parent Signature

Date



Big Brothers Big Sisters of Lethbridge & District

WAIVER OF LIABILITY: PARENT

This is my application to Big Brothers Big Sisters of Lethbridge and District. I understand that Big Brothers Big Sisters of Lethbridge and District will try to match a responsible male/female adult, (where appropriate supervision takes place, the volunteer may be younger than 18 years old), with my child to share activities, friendship and support and that Big Brothers Big Sisters of Lethbridge and District will try to match my child with a volunteer who has some of the same interests. My child and I will participate in the Child Safety Program offered by Big Brothers Big Sisters of Lethbridge and District.

I give consent to Big Brothers Big Sisters of Lethbridge and District to talk to other professionals involved with my family so the Agency can understand my child's needs and decide whether they can serve my child and make a good match. I also agree that some or all of the information may be shared, if the Big Brothers Big Sisters of Lethbridge and District thinks it is necessary, with my child's mentor, my child's teacher and/or with the referring professional, so that my child's needs may be best met.

I understand that:

- 1. I don't have to accept a Big Brother/Big Sister for my child**
- 2. Big Brothers Big Sisters of Lethbridge & District does not have to provide my child with a mentor**
- 3. This application belongs to Big Brothers Big Sisters of Lethbridge and District. If the Agency closes, this file belongs to Big Brothers Big Sisters of Canada**
- 4. This waiver to release the sharing of information with individuals outside of the BBBS movement will expire within one year of the date signed**

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Lethbridge and District, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child.

I, _____, parent or guardian of _____, a minor, hereby release and forever discharge Big Brothers Big Sisters of Lethbridge and District, Big Brothers Big Sisters of Canada and their respective employees, directors and volunteers thereof from any cause of action or claim for damages, whether for bodily injury, property damage or emotional trauma, anxiety or distress arising from the association of _____ with Big Brothers Big Sisters of Lethbridge and District.

The implications of this waiver have been explained to me and I understand them. I further agree this waiver is made of my own free will and without duress.

Signed at _____ this _____ day of _____, 20____.

Parent/Guardian

Witness



Big Brothers Big Sisters of Lethbridge & District

Name _____

PARENT MEMBERSHIP COMMITMENT FORM

Big Brothers Big Sisters is a not for profit agency, which depends on a number of fundraising initiatives to operate our programs and maintain our standards of service to the children we serve. As a parent or guardian of a child in our program, we expect that you will assist us with our fundraising efforts. Each parent has the responsibility to participate, each year, in some facet of our annual fundraising plan.

Bingo is our biggest area of need for volunteers (5 hours shifts – occur every two weeks on an irregular schedule). **Each parent must volunteer for a minimum of 2 bingos each year.** Please check other activities you are interested in helping with:

_____ Phoning, to recruit volunteers for events, especially bingo (can be done from home)

_____ Festivals and exhibitions (sitting at display booths – several events per year)

_____ Santa Store (manning the store, helping wrap gifts, etc)

_____ Help with special events (crafts, Christmas party, summer BBQ, field trips, etc)

_____ Casinos (once every two years, 4hours shifts)

Do you require assistance with transportation? _____ Yes _____ No

Do you require baby sitting assistance? _____ Yes _____ No

Do you have any medical condition that prevents you donating help? _____ Yes _____ No

If yes please explain:

Parents who do not commit will be contacted about up coming fundraisers.

Signed at _____ this _____ day of _____, 20____.

Parent/guardian



**Big Brothers Big Sisters
of Lethbridge & District**

MEDIA CONSENT – MENTOR

I, _____, hereby consent to be interviewed, photographed, named, and/or appear in video footage in conjunction with Big Brothers Big Sisters of Lethbridge & District activities or publicity.

I further understand that Big Brothers Big Sisters of Lethbridge & District is not responsible for unsolicited or spontaneous media coverage that may occur without Big Brothers Big Sisters of Lethbridge & District prior knowledge and approval.

I understand that I am under no obligation to consent to this release and that lack of acceptance will not unduly affect my involvement in Big Brothers Big Sisters of Lethbridge & District. I also understand that I can withdraw my consent to be interviewed, photographed, named and/or to appear in video footage to be used for publicity at any time by providing a signed letter to my Caseworker.

The implications of this consent have been explained to me and I understand them. I further agree this consent is made of my own free will and without duress.

This _____ day of _____, 200__.

Signature of Mentor

Signature of BBBS Caseworker

MEDIA CONSENT DECLINED

I, _____, have declined authorizing media consent. I do not wish to be interviewed, photographed, nor appear in video footage in conjunction with Big Brothers Big Sisters of Lethbridge & District activities or publicity. I have been offered an opportunity to speak with a caseworker regarding any related concerns so that Big Brothers of Lethbridge & District is aware of my needs.

I further understand that Big Brothers Big Sisters of Lethbridge & District is not responsible for unsolicited or spontaneous media coverage that may occur without Big Brothers Big Sisters of Lethbridge & District prior knowledge and approval.

The implications of this consent have been explained to me and I understand them. I further agree this consent is made of my own free will and without duress.

This _____ day or _____, 200__.

Signature of Mentor

Signature of BBBS Caseworker