



Big Brothers Big Sisters
of Lethbridge and District

Our Mission

“Big Brothers Big Sisters of Lethbridge & District is a volunteer based agency serving the needs of children and youth by matching them with positive role models who will provide for them an atmosphere of sharing, caring and trust.”

PROGRAM INFORMATION FOR PARENTS/GUARDIANS

Big Brothers Big Sisters of Lethbridge & District matches children with caring, responsible adult volunteers. The goal of the relationship is to provide stable, positive role models.

Community-Based Mentoring:

Our volunteer Mentors spend approximately 2 to 5 hours per week in a quality outing with a child. The commitment is for a minimum of one year. The child and the volunteer(s) participate in fun activities together. These are usually low cost and the volunteer is responsible to pay 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 years
- The children must live in Lethbridge and surrounding area (eg. Coaldale, Coalhurst, etc.).
- 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.
- 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 2 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.



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Child's Application process for Community-Based Mentoring:

Pre-Match

Parent Contacts Big Brothers Big Sisters
Program Information and Application sent to Parent
Big Brothers Big Sisters receives Application Form **completed in full**

Mandatory Parent and Child Safety Training/Orientation

Parent and Child Interviews
Child Assessed for Approval
Upon Approval Child placed on Waitlist

Matching Process

Volunteer chooses Mentee with Caseworker
Volunteer and Parent meet at Big Brothers Big Sisters
Initial Match Meeting with Volunteer, Child and Parent at Big Brothers Big Sisters
The Match BeginsFollow up as per National Standards

Please Note:

Applications cannot be processed until both parent and child attend safety 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.



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Little Brother Little Sister Application

Only applications completed in full will be processed.

Child's Name _____

Date of Birth _____ Age _____ Place of Birth _____

Address _____

Postal Code _____

Home Phone _____ E-mail _____

Languages Spoken _____

Child's Doctor _____ Phone _____

Health Card # _____

Emergency Contact _____ Phone _____

Relationship to Child _____

Parent/Guardian

Parent/Guardian Name: _____

If Guardian, please note relationship to child: _____

Date of Birth: _____

Marital Status: _____

Are you employed? (can we call you at work? Yes No)

Where? _____ Work Phone _____

Are you unemployed?

EI Social Assistance Disability

Other _____

Are you a student? Where? _____ Phone _____



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Are you or your child involved with any other community agency? Yes No

Agency Name: _____ Phone: _____

Staff: _____

Other Parent

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

What type of relationship does your child have with the other parent?

If you are a single parent with custody, what are the visiting rights of the other parent? Does he/she use these rights? What are the access arrangements?

What are your child's reactions to those visits? _____

How are you with those visits? _____

Please describe the kinds of activities they do together. _____



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In your view, does your child have a close relationship with the other parent? _____

Is the other parent aware of your application for the program? yes no

If yes, what is his/her attitude? If no, why not?

Other parent's marital status _____

Family History/Situation

Other people at home (please include age, gender, relationship) (including children)

Name	Age	Gender	Relationship

How long has your child lived in your current home? _____

Has your child ever lived outside of your home? Yes No
(If so, please provide details)

Does anything prevent your child from fully participating in the program? Yes No

Please explain:



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Medical History

Does your child have any medical problems, conditions or allergies?

Yes

No

If yes, please explain:

Is your child on any medication? Yes

No

If yes, please explain:

Has your child ever seen or is your child now seeing a psychologist, social worker, therapist, counsellor etc? Yes No

If yes, please explain (include approximate dates, contact information of worker):

How physically fit is your child? _____

Do you think your child has any emotional difficulties? Yes

No

If yes, please explain: _____



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Relationships

How would you describe your relationship with your child?

If other children are in the home, how does your child relate to them?

Does your child tend to have many or just a few friends?
Are they mostly boys, girls, or both?

Comments:

As far as you know, how does your child get along well with peers at school?

Does your child tend to play alone or with others? _____

Please describe your child's personality (moods, temper, maturity level)



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Please check the qualities that you feel best describe your child:

- | | | | |
|-----------------------------------|-----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Carefree | <input type="checkbox"/> Busy | <input type="checkbox"/> Overactive |

How do you discipline your child? _____

School

School: _____

Address: _____

Phone: _____

Grade: _____ Teacher: _____

Does your child seem interested in school? Yes No

Has your child ever been involved in a special education program?

Yes No If yes, please comment:

Has your child ever failed a grade? Yes No

If yes, which one(s)? _____

How does your child generally get along with the teacher? _____

How is your child doing in school? _____

Do you think your child is doing as well as he/she can in school?

Yes No

If no, please explain: _____

Does your child get in trouble at school? Yes No

If yes, is it often? occasionally? seldom?

Social Activities

Is your child interested or active in sports, church, group activities?

Yes No

If yes, please list:



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Please indicate what hobbies, if any, your child currently enjoys.

Briefly describe your child's weekly schedule of activities.

About a Big Brother Big Sister

Is your child aware of your application for a Big Brother Big Sister?

Yes

No

If yes, what was the reaction?

How do you feel your child would benefit most from a Big Brother or Big Sister?

Describe the type of Big Brother Big Sister you would like for your child

What types of activities do you think your child would like to do with a Big Brother Big Sister?

Is there any information you would like to add to this application that will help us to serve your child's needs better?



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Confidentiality

Just as we have to share information with you about the Big Brother or Big Sister we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? Yes No

If yes, please clearly state what you do not want shared:

Your Name

Your Signature

Date

The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.



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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 hour 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.)

Do you require assistance with transportation? Yes No

Do you require babysitting 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 upcoming fundraisers.

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

Parent/Guardian signature



MEDIA CONSENT FORM – CHILD/YOUTH

Re: _____
Name of Child/ Youth

Any photographs or video productions taken of children or youth 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 and audio-visual productions.

I hereby give consent: _____
Signature of parent/ guardian

Date

NOTE: Confidentiality concern re: media release

If you do not want your picture or your child's picture used or if you have a safety concern, please check here:

Name: _____

Date: _____

Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.



Informed Consent - Parent

I hereby make formal application to Big Brothers Big Sisters of Lethbridge & District to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible male/female adult, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a volunteer who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Lethbridge & 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 permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof.

I consent to Big Brothers Big Sisters of Lethbridge & District contacting any professionals involved with my family to obtain information for the purpose of assessing my application for a Big Brother/Big Sister.

I further agree that all or part of the information herein may be shared, at the discretion of Big Brothers Big Sisters of Lethbridge & District, with my child's Big Brother/Big Sister, my child's teacher and/or with the referring professional, so that my child's needs in a Big Brother/Big Sister relationship may be best met. I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program.

I understand that I am under no obligation to accept a Big Brother/Big Sister for my child, that the Agency is under no obligation to provide my child with a Big Brother/Big Sister and that this application is the property of Big Brothers Big Sisters of Lethbridge & District. I also agree that I and my child will participate in the Child Safety Program administered by Big Brothers Big Sisters of Lethbridge & District.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give the agency my consent to assign a volunteer Big Brother, Big Sister or Big Couple to my child. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____ 20____.

Parent/Guardian

Witness