

In-School Mentee Application

Please consider this my formal request for service with Big Brothers Big Sisters of Saint John for the In-School Mentoring Program (ISM) or Teen In-School Mentoring Program (TISM).

The In-School Mentoring program provides youth with an adult role model and a friend to talk to and share the experiences of growing up within school grounds. Mentors meet with their mentees and engage in activities such as board games, crafts, sports or just hang out. The program takes place on school property for one hour a week for the school year. Matches do not have contact outside of school. The TISM program is the same but the youth are matched with high school students as their mentors

Big Brothers Big Sisters of Saint John Contact Information:

We serve the communities in Southwestern New Brunswick from St. Stephen to Sussex

Saint John Office 39 King St. 3 rd Level Brunswick Square Saint John, NB E2L 4W3 506-635-1145	St. George Office Fundy Middle & High School 44 Mount Pleasant Rd. St. George, NB E5C 3K4 506-755-2002	St. Stephen Office St. Stephen Middle School 11 School St. St. Stephen, NB E3L 2N4 506-465-9771
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CHILD'S INFORMATION

Child's Name _____ Date of Birth _____ (day/mo/yr)

Male Female Gender Independent Language(s) Spoken _____

Address _____ City/Town _____ Postal Code _____

Medicare # _____ Expiry Date _____ (mo/yr)

School _____ Grade _____ Teacher _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name _____ Date of Birth _____ (day/mo/yr)

Address (if different than above) _____

Relationship to child _____

Phone 1 _____ home cell work

Phone 2 _____ home cell work

Email _____

Parent/Guardian #2

Name _____ Date of Birth _____ (day/mo/yr)

Address (if different than above) _____

Relationship to child _____

Phone 1 _____ home cell work

Phone 2 _____ home cell work

Email _____

GETTING TO KNOW YOUR CHILD

Why do you feel your child would benefit from an In-School Mentor?

Why does your child want an In-School Mentor?

Please check any of the following characteristics that describe your child:

- | | | |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Active | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Helpful | |

Please check any of the following that describe your child's interests:

- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Animals | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Music | <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Board/Card Games | <input type="checkbox"/> Reading/Books | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Building (Lego) | <input type="checkbox"/> Movies/TV | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Talking | |

Does your child have any specific medical conditions, allergies or other concerns we should know about? If yes, please describe:

CHOOSING A MENTOR

Is there anything you would like us to be aware of that would assist us in finding the right mentor for your child? If yes, please describe:

YOUR INVOLVEMENT

Although you don't have to be involved in any particular way, the following options are available:

- Your child will meet his/her mentor during the school day. If possible, would you like to be present when they meet the first time?
- Every child in the program participates in pre-match training. Would you like to receive a copy of the material prior to your child participating?
- Would you like to receive updates about the mentoring relationship?
- If you would like to be involved in some other way, please contact the office.

Parent/Guardian Signature	Date

*Please be sure to advise us of any changes in your home situation such as address or phone numbers

In-School Mentoring Program Informed Consent – Parent/Guardian

I hereby make formal application to Big Brothers Big Sisters of Saint John 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(s), (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 responsible Mentor 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 Saint John, 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 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 further agree that information about my child may be shared, at the discretion of Big Brothers Big Sisters of Saint John, with my child's Mentor so that my child's needs in a Mentoring relationship may be best met.

I understand that I am under no obligation to accept a Mentor for my child, that the Agency is under no obligation to provide my child with a Mentor and that this application is the property of Big Brothers Big Sisters of Saint John. I also agree that my child will participate in the Pre-Match Training Program administered by Big Brothers Big Sisters of Saint John.

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 Mentor 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

MEDIA CONSENT FORM – CHILD/YOUTH

Re: _____
Name of Child/Youth

I DO

I DO NOT

Hereby consent to:

- Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of Saint John the use of any photographs, audio and/or video recordings of my child or youth.
- These may be taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency President/Executive Director/CEO or Board of Directors.
- This media may be used by Local Agency and/or by the National Office for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and digital media, (such as the local agency websites and social media).
- Photographs or video productions may also be shared with community and school partners for program promotion.

Parent/Guardian Signature

Date

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

Big Brothers Big Sisters conducts evaluations of their programs to ensure quality. Please note that your child's program will be evaluated this year. Your child may be asked questions relevant to the program they are involved with. Your consent has no bearing on when and whether your child is matched. It's your choice. If you have any questions or concerns, or would like more information about the evaluation, please contact the staff at Big Brothers Big Sisters of Saint John.

I do do not want my child's match relationship to be included in this evaluation