

Little Brother/ Little Sister Application

Please consider this my formal request for service with Big Brothers Big Sisters of Saint John for the Big Brother/Big Sister/Big Couple program Big Brother Big Sister Big Couple

The Big Brothers/Big Sisters/Big Couple Mentoring program provides children and youth with a role model to talk to and share the experiences of growing up with. Through regular outings, a relationship is developed between the mentor and the mentee, which is built on trust and common interests, and is supported by our experienced case-workers. The result is a life-changing experience for both the mentor and the mentee.

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

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)

Emergency Contact _____ Phone _____

Relationship to Child _____

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 YOU AND YOUR CHILD

Why do you feel your child would benefit from a Big Brother/ Big Sister/Big Couple?

Does your child have any:

Medical conditions Yes No

If yes, please describe

Allergies Yes No

If yes, please describe

Medications Yes No

If yes, please describe

Child's School _____ Grade _____ Teacher _____

If you are a single parent with custody, what are the visiting rights of the other parent? Do they use these rights? What are the access arrangements?

Is the other parent aware of your application for the program? Yes No

If yes, what is their attitude? If no, why not?

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

CONFIDENTIALITY

Just as we have to share information with you about the Mentor 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:

Parent/Guardian Signature

Date

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

Big Brother/Big Sister/Big Couple 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 consent to Big Brothers Big Sisters of Saint John contacting any referring professionals involved with my family to obtain information for the purpose of assessing my application for a Mentor.

I further agree that all or part of the information herein may be shared, at the discretion of Big Brothers Big Sisters of Saint John, with my child's Mentor, and/or with the referring professional, so that my child's needs in a Mentoring 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 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 I and 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

Note: Release to share information with other professionals will expire within one year of the above date.

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