



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.

Community-Based Mentoring

Our volunteer Mentors spend approximately 2 to 3 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. The volunteer's primary focus is on the child and the building of a one to one friendship.

In-School Mentoring Program

Our In-School Mentoring program matches a volunteer with a child in Grades 1 – 12. In-School Mentors are neither tutors nor classroom aides, and the visits focus around non-school related activities. The volunteer Mentor and the student meet in the child's school for one hour a week, for the duration of the school year, and spend time doing activities they both enjoy such as crafts, sports, and board games.

Teen Mentoring Program

Our Teen Mentoring program matches a volunteer with a child in Grades 1 – 6. The volunteers in the program are under the age of 18 and attend a corresponding High School. The volunteer Mentor and the student meet in the child's school for 1 to 1.5 hours a week, for 15 sessions from October to March. BBBS Caseworkers are present for the sessions and facilitate the activities.

GameOn!

Is an all-boys group mentoring program providing boys and young men with information and support to make informed choices about a range of healthy lifestyle practices. Through non-traditional physical activities complimented with healthy eating, support, participants are engaged in life skills, communication and emotional health discussions designed to engage participants in the pursuit of life long healthy lifestyles.

Go Girls

Is an all-girls group mentoring program that incorporates fun, educational games and activities designed to stimulate self-reflection and group discussion. The goal of Go Girls is to provide the girls and young women with information and support to make informed choices about healthy, active living while maintaining sensitivity toward emotional, social and cultural issues they may face.

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.



Child's Application process for Community-Based Mentoring:

Pre-Match Process

Parent Contacts Big Brothers Big Sisters

- ↪ Program Information and Application sent to Parent
- ↪ Big Brothers Big Sisters receives Application Form **completed in full**
- ↪ Parent/Child Meeting at Big Brothers Big Sisters
- ↪ Parent/Child Interview & Mandatory Parent/Child Pre-Match Training/Orientation
- ↪ Child Assessed for Approval
- ↪ Upon Approval Child placed on Waitlist
- ↪ Volunteer Screening Process
- ↪ Interview, references, criminal reference check, Intervention Record Check, etc as per Big Brothers Big Sisters of Canada's National Standards

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 begins
- ↪ Follow up as per National Standards – match supervision (phone calls, email, and in office meetings)

Agency's Responsibilities to the parent and child

- Adequate screening of the Mentor;
- Treating the child and parent/guardian respectfully
- Attention to the needs of the child
- Service free of charge
- A focus on child safety
- Training in the core topics and key messages of Big Brothers Big Sisters of Canada's Pre-Match Training
- Respecting the role of the parent/guardian in the child's life
- Checking in with the parent/guardian and child to ascertain satisfaction and progress of the match, etc.

Agency Expectation of Parent/Guardian and Child

- Being on time for visits
- Treating the staff with respect
- Being home when the mentor drops off the child (for parent/guardian in Community based Program)
- Reporting concerns and changes in life circumstances to the agency; etc.
- Updating contact info to agency

Agency Expectation of Volunteer

- Positive role model in the community
- Being on time for visits
- Treating staff with respect
- Reporting concerns and changes in life circumstances to the agency; etc.

Confidentiality

Due to the confidential nature of our programs all Volunteers will sign the Confidentiality Policy Document.

- **Any breach of this policy will be considered grounds for termination**



Little Brother / Little Sister Application

Child Information

Child's Name: _____

Date of Birth: _____ Age: _____ Identified Gender: _____

Address: _____

Postal Code: _____

Home Phone: _____ Cell 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

Location: _____ Work Phone: _____

Are you unemployed?

EI Social Assistance Disability Other: _____

Are you a student? Yes No

If yes name of school: _____ Phone: _____

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

Agency Name: _____ Phone: _____

Contact Name: _____



**Big Brothers
Big Sisters**
OF LETHBRIDGE AND DISTRICT

Other Parent information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship with Child: _____

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? _____

Describe the kinds of activities they do together: _____

In your view, does your child have a close relationship with the other parent? Yes No

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, and 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

If yes, please explain: _____

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 and contact information):

How physically fit is your child? _____

Do you think your child has any emotional difficulties? Yes No

If yes, please explain: _____



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 friends 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, and maturity level)

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? _____

What school does your child attend? _____

Address: _____

Phone Number: _____

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 explain: _____

Has your child ever failed a grade? Yes No

If yes, which one(s)? _____

How does your child generally get along with the teacher? Yes No

If yes, please explain: _____

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 or group activities? Yes No

If yes, please provide more information:

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 their reaction?

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:

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, relationship status, etc.

Printed Name

Signature

Date



MEDIA CONSENT FORM – CHILD/YOUTH

Re: _____
Name of Child / Youth

Name of Agency at which child / Youth is enrolled (Local Agency)

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of **Big Brothers Big Sisters of Lethbridge and District** the use of any photographs, audio and/or video recordings of my child or youth as 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, and that 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.

Signature of Parent/Guardian

Date

Note: Confidentiality concern

Please check here if you do **not** want your picture or your child's picture used or if you have a safety concern.

Signature of Parent/Guardian

Date

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



Informed Consent (Community-Based) - Parent

I hereby make formal application to Big Brothers Big Sisters of Lethbridge and 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 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 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 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 and District 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 Lethbridge and District, 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 Lethbridge and District. I also agree that I and my child will participate in the Pre- Match Training Program administered by Big Brothers Big Sisters of Lethbridge and 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 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

Witness

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