



www.bbbslr.org

BIG BROTHERS BIG SISTERS OF THE LAUREL REGION

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Greensburg, PA 15601
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65 West Main Street
Uniontown, PA 15401
Phone: 724-439-8055

CHILD APPLICATION (SCHOOL-BASED MENTORING)

Your child has been recommended for the opportunity to participate in the Big Brothers Big Sisters' School-Based Mentoring program. A Big Brother/Big Sister volunteer will meet with your child once a week, at your child's school, for approximately one hour, providing a one-to-one mentoring experience. During this time, learning and developmental activities will be made available to your child to help improve performance in primary subject areas. As a youth-serving agency, our goal is to assist your child to reach his/her fullest potential and improve overall school performance.

All volunteer Big Brothers/Big Sisters are carefully screened by agency staff before introducing your child to the volunteer. Relevant information about your child – including, but not limited to likes/dislikes, interests, hobbies, academic needs, etc – may be provided to the volunteer, as needed, to better assist your child.

If you would like your child to have this opportunity, please complete the information below, and return this form to your child's school as soon as possible. PLEASE PRINT CLEARLY:

Child's Full Name: _____ Date of Birth: _____

Grade: _____ Male/Female: _____ Race: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Address: _____
NUMBER/STREET CITY, STATE ZIP CODE

Home Phone: _____ Cell Phone: _____ E-Mail: _____

- Child resides in a single-parent household YES NO _____
- Child has/had an incarcerated parent YES NO _____
- Child receives reduced or free lunch YES NO _____
- Child is involved in SAP/ESAP YES NO _____

Do you have any preferences for your child's Big Brother/Big Sister (race, gender, etc.)? _____

Your signature below acknowledges and agrees that:

1. You give permission for your child to participate in the Big Brothers Big Sisters' School-Based Mentoring program, including initial and ongoing communication with school personnel and Big Brothers Big Sisters' staff.
2. You will encourage your son/daughter to participate in the one-to-one meetings with his/her Big Brother/Big Sister.
3. You authorize the school to release a report of your child's progress and relevant information to Big Brothers Big Sisters of the Laurel Region as requested.
4. You will supply evaluation information as requested by the Big Brothers Big Sisters of the Laurel Region.
5. You permit Big Brothers Big Sisters of the Laurel Region to use your child's identifying information in agency promotional/public relations materials. *This information shall be used by the agency for any agency-sponsored activity, publication, or related event – no personal history information will be used.*
6. You give permission for your child to exchange telephone number/address with the Big Brother/Big Sister to encourage their keeping in touch during the summer. **UNDER NO CIRCUMSTANCES ARE VOLUNTEERS AND CHILDREN TO HAVE PHYSICAL CONTACT OUTSIDE OF THE SCHOOL SETTING.**
7. Big Brothers Big Sisters is not required to match my child with a Big Brother/Big Sister.

We welcome your input and feedback. If you have any questions or comments, please contact Big Brothers Big Sisters of the Laurel Region at the appropriate office above or contact your child's school directly.

Signature: _____ Date: _____

Printed Name: _____

PLEASE RETURN TO YOUR CHILD'S TEACHER OR GUIDANCE COUNSELOR IMMEDIATELY.