



**Big Brothers Big Sisters**  
of Fayette County  
P.O. Box 520  
Connersville, IN 47331-0520

**MATCH CONTRACT**

THIS AGREEMENT HAS BEEN EXECUTED UPON THE INITIATION OF A VOLUNTEER/CHILD MATCH, UNDER THE AUSPICES OF THE ABOVE-NAMED AGENCY.

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**AS A BIG BROTHER/BIG SISTER I AGREE:**

- To maintain regular, consistent contact with my Little Brother/Little Sister.
- That my moral commitment to the program is at least one year.
- That I will inform my agency caseworker of difficulties in this relationship as soon as possible, if they occur.
- To inform the agency of any changes in address or phone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AS A LITTLE BROTHER/LITTLE SISTER, I AGREE:**

- To reciprocate the friendship given to me by my Big Brother/Big Sister
- To remember our planned outings, and to be ready on time.
- To dress in clean clothes that are right for the activity.
- Not to ask to bring friends along.
- To consult my parent/guardian when making plans for an outing.
- To call my Big Brother/Big Sister occasionally, if it is OK with him/her.
- To make my Big Brother/Big Sister proud of me by doing my best at home, at school, and in the community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AS THE PARENT/GUARDIAN OF THE LITTLE BROTHER/SISTER, I AGREE:**

- To have my child ready on time and dressed appropriately.
- To call my agency caseworker if problems arise, as soon as possible.
- To keep the agency updated regarding address or phone changes.
- To encourage regular contact by not scheduling conflicting family outings.
- To not involve the Big Brother/Big Sister in problems of the family members.
- To encourage my child to consult me before finalizing an outing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_