



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

VOLUNTEER/CLIENT OVERNIGHT POLICY

Overnight activities are discouraged and should not be planned on a routine basis. The Agency requires that overnights only occur for special activities and events.

Before an overnight can be considered, the following conditions must be met:

1. The volunteer, client, parent/guardian have completed the one year match review and the caseworker feels that the match is established to the level where an overnight would be appropriate.
2. The volunteer must discuss the proposed overnight activity with the parent **before** bringing it up to the child.
3. The volunteer must obtain permission from the child's parent or legal guardian.
4. The parent and volunteer **MUST** consult the caseworker before the first overnight activity takes place and complete a form with BBBS staff. In each case following, the parent accepts responsibility for the plan.
5. The overnight activity must provide a benefit to the child that cannot be accomplished without an overnight stay.
6. The volunteer has demonstrated good judgment and reliability in his/her commitment to his/her Little Brother/Little Sister and has adhered to program ground rules.
7. A discussion of sleeping arrangements, special diet considerations, allergies, medication needs, fears, and bedtime needs will be completed with the volunteer, parent and client.
8. The volunteer must provide separate, private areas for the child to shower or bathe, change clothes and separate beds or sleeping bags.

FAILURE TO COMPLY WITH THIS POLICY COULD RESULT IN THE CLOSING OF THE MATCH.

BBBS reserves the right to reject the activity request.



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OVERNIGHT PERMISSION FORM

(Must be filled out, signed and returned to BBBS 1 week prior to any overnight visits)
(Must have Parent/Guardian's signature)

Name of Big being granted permission for overnight(s):

Name of the Little participating in overnight:

Date(s) of the overnight:

Address/location where overnights(s) will take place:

Phone numbers where Big & Little can be reached:

Other adults/children also in attendance (name/relationship) :

Approvals:

Person giving permission: _____

Relationship to Little (circle one): Parent Guardian

Signature of person giving permission: _____

Date: _____

Big: I have secured the permission and signature from the parent/guardian of this Little.

Signature of Big: _____ Date: _____

Forward this form or a copy to BBBSFC.