



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

AFTER SCHOOL MENTORING - PARENT APPLICATION

*If you only want to be considered for mentoring at a school or supervised setting. May have high school Bigs

Child's Name: _____ Date of Birth: _____

Male Female Grade: _____ School: _____ Teacher : _____

Address: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

My child needs assistance in the following areas:

School performance Classroom behavior Low self esteem Other

In what specific ways do you think a Big Brother or a Big Sister can help this child?

Other Comments:

I have a preference about the volunteer's:

Race/ethnicity Religion/faith Sexual orientation Marital status Any other preferences

If you have checked any of the above characteristics, please explain:

I give permission

1. For my child to participate in the Big Brothers Big Sisters mentoring program
2. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports)
3. To have my child complete a questionnaire asking about school, home life, and personal interests;
4. To allow my child to talk with a Big Brothers Big Sisters staff person about personal safety and to follow up with their match
5. To use my child's photograph and first name for the purpose of publicity efforts by Big Brothers Big Sisters.
6. I agree to stay in contact with Big Brothers Big Sisters staff throughout my enrollment in the after-school Buddies program.
7. I agree to be aware of dates in which my child's Big will be visiting the program.
8. I agree that my child will attend the program on days in which their mentor is scheduled to come in.
9. I agree to be available to Big Brothers Big Sisters staff each month for interviews and to fill out self-assessment forms in a timely manner.
10. I agree to communicate in a timely manner any concerns, problems or relevant information to BBBS on-site staff.

Signature: _____

Date: _____