

Information for Parents & Guardians



Big Brothers Big Sisters has been Canada's leading youth mentoring charity for over 100 years. Our programs match children and youth with supportive adult volunteers, with a focus on building positive, healthy relationships.

Our programs are intended for any child who could benefit from an additional supportive adult, regardless of socioeconomic status, or the presence of existing supportive adults in a child's life. Our professional enrollment staff will meet with you and your child to assess your needs.

The enrollment and matching process takes time. Matches are not made on a first come, first served basis, because we strive to find a volunteer who is the best fit for your child.

Factors Considered When Making a Match

Interests

Activity Level

Personality

Location

Special Circumstances

Littles

- To be enrolled as a Little, children must:
- Be a minimum of 7 years old
- Express an interest in having a Big and being involved in our programs
- Complete an interview with agency staff, to help us learn more about their interests, personality, and activity level

Parents/Guardians

- As a Parent or Guardian, you must:
- Complete an application
- Ensure all legal guardians are aware of your child's involvement
- Complete an interview with agency staff, to help us to better understand your child's situation and needs

Volunteers

- Volunteers must complete a screening process, which includes:
- Criminal Record Check
- Child Abuse Registry Check
- Reference Checks
- An interview with our professional enrollment staff

Regular contact with our agency is **mandatory** throughout the duration of your child's involvement

- Prior to a match, our Mentoring Coordinators may contact you to update your child's file, or let you know about upcoming agency events.
- While matched, we will contact you and your child at regular intervals – monthly, every two months, or quarterly, depending on the length of the match; however, you can contact us at any time for any reason.
- Most contact will be via telephone, but at least one in person meeting per year is also required.





Big Brothers Big Sisters also has a number of expectations for all matches:

- We encourage matches to meet consistently at least once every 2 weeks. We ask that parents and guardians strive to be reliable when outings have been arranged, and make clear pick up and drop off arrangements.
- We also encourage a No Cost/Low-Cost approach to match activities. Our programs are about spending time, not money.

Communication between all match members, including Bigs, Littles, and Parents is essential

- Parents and Guardians are expected to communicate regularly with their child's Big, and help provide support for the match. This includes contacting your child's Big if a meeting needs to be rescheduled.
- You should also talk to your child about how their match is going, and encourage them to have open communication with their Big.
- Bigs and Littles should collaborate to decide how they want to spend their time together. This time is meant to be one-on-one, so try to refrain from allowing other people to encroach on this time.



In addition to hosting some events of our own for matches, Big Brothers Big Sisters is also occasionally able to share information and opportunities provided by generous community supporters. Examples of opportunities that have been provided in the past include:

- Donations of tickets to sporting events
- Donations of tickets to arts & culture events
- Information about scholarships

These opportunities vary, and are not guaranteed, but we do our best to share them whenever possible.

www.bigbrothersbigsistershalifax.ca



@BBBSHalifax



LITTLE APPLICATION FORM

COMPLETED BY CHILD'S PARENT/GUARDIAN ~ PLEASE PRINT CLEARLY

BOX 307 * 86 OCHTERLONEY STREET * DARTMOUTH * NS * B2Y 3Y5
PHONE: 902-466-KIDS (5437) * FAX: 902-466-5437

OPTIONAL
WHO'S WHO?
A recent photograph helps us remember who's who.
Please attach one if you care to share.

I am interested in the following program for my child. (please check one)

- Community Based 1:1** (ie: Big Brothers, Big Sisters, Big Couples, Big Rainbows)
- School Based 1:1** (ie: In School Mentoring, eMaCC)
- Group Programs** (ie: Big Bunch)

I'm interested in having my child participate in group activities and programs while waiting to be matched with a Big. **YES / NO**

PERSONAL INFORMATION:	ADDRESS:	SCHOOL INFORMATION:
CHILD'S NAME: _____	ADDRESS: _____	SCHOOL: _____
BIRTHDATE: (DD/MM/YY): _____	CITY: _____	TEACHER: _____
CURRENT AGE: _____	POSTAL CODE: _____	GRADE: _____
GENDER: _____	HEALTH CARD #: _____	

PARENT/GUARDIAN:	OTHER or PARENT/GUARDIAN (if applicable):
NAME: _____	NAME: _____
OCCUPATION: _____	ADDRESS: _____
EMPLOYER: _____ WORK NUMBER: _____	CITY: _____ PROVINCE: _____ POSTAL CODE: _____
HOME NUMBER: _____ CELL NUMBER: _____	DAY PHONE: _____ CELL: _____ WORK: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

ALTERNATIVE CONTACT IF REFERRING PARENT IS NOT AVAILABLE:

NAME, HOME/ WORK/ CELL PHONES: _____

EMAIL: _____ RELATIONSHIP TO FAMILY: _____

Voluntary Personal Information:
(To help the organization understand, and ensure it represents, the community it serves, we ask those interested in disclosing to complete this section. This is not required and is not used in the enrollment or matching process.)

Parent Ethnicity: _____ Child Ethnicity : _____

Child Gender Identity : _____ Child Sexual Orientation : _____

Was your child born in Canada? _____ If Not, when did they arrive in Canada? _____

If not born in Canada, what is your child's newcomer status? _____

Has your child ever been involved in programs for mental health or behaviour concerns? _____ If so, where? _____ (ie: IWK)

Has your child been diagnosed or is suspected to have a learning or literacy concern? _____

How long have you lived in the area? _____ If less than 2 years, where did you live before that? _____

Please list names and ages of other persons living in the home: _____

Are you enrolling any other children in the agency programs at this time? _____

Has your child or anyone else in the household ever been involved in a Big Brothers Big Sisters program before? _____

Have you or your child ever been involved with the Department of Community Services? _____

If so, do you currently have an assigned caseworker or social worker? _____

Is your child currently involved in any other programs or services for children/youth? _____ Please identify: _____

Is there anything that would limit or prevent you and your child's full participation in the agency's program, including the required regular phone calls and in-person meetings? _____ If yes, please provide details: _____

I hereby request Big Brothers Big Sisters service for my child. I give the agency my consent to assign a volunteer Big Brother, Big Sister or Big Couple to my child and I will cooperate with the agency and the volunteer to make this a positive experience for my child. I will not hold the agency liable in case of accident or injury that may result while my child is involved in the program.

SIGNATURE OF PARENT / GUARDIAN: _____ **DATE:** _____

If the application was suggested by a worker or teacher, or completed on the parent/guardian's behalf, please provide the workers information.

Referring Workers Name: _____ Referring Workers Occupation: _____

Referring Workers Phone: _____ Referring Workers Email: _____

CHILD PROFILE

AVAILABILITY- CHECK ALL THAT APPLY

After School During the school day Weekday/Evenings Weekends

AVAILABILITY DETAILS

Do you or your child have any commitments that impact availability? _____

CHARACTER TRAITS

Highly Active Outgoing Quiet Friendly Shy Helpful Withdrawn

ACTIVITIES

Animals Arts and Crafts Board Games/ Cards Building/Lego Computers
Cooking Cultural Activities Dance Educational Activities Festivals and Events
Indoor Activities Music Outdoor Activities Sports Reading/Books
Talking

Do you have Pets? Yes No

Is it ok for your child to be around pets? Yes No

Smoking Exposure

Live in smoking environment No exposure

Do you have a preference in regards to a volunteer?

Smoker Prefer Non-Smoking No Preference

OTHER COMMENTS: _____

REMEMBER – It is important to update us if your circumstances or contact information changes. If a match for your child is found, we'll need to be able to reach you!

What type of information would NOT you like to receive in the future?

Events Promotional Information Newsletter/ Magazine

Parent/Guardian Pre-Match Questionnaire

As a caregiver, you play an important role in helping to support your child's match. Together, we'll ensure your child has a strong, safe, healthy and enjoyable match. Please complete this questionnaire to help us provide you with the best support for you and your child. Thank you! We appreciate your time.

What do you think?	True	False	Unsure
1. I may apply for my child to participate, but children are not enrolled if they do not want a Big.			
2. My child is not eligible for a Big if they have two parents in their life.			
3. Only families who qualify as 'low income' can participate in BBBS programs.			
4. As a parent or guardian, I am responsible for ensuring any other legal guardians are aware of my child's involvement in the program.			
5. The volunteer my child is paired with can be an adult of any age, gender, sexual orientation, or ethnicity.			
6. Matches are made based on factors such as shared interests, activity level, personality, and location.			
7. Volunteers are responsible for paying for my child to do activities.			
8. It's okay to ask a volunteer to watch my other children or my child's friends.			
9. Consistently breaking or stretching agency policies is boundary-breaking behaviour.			
10. I need to communicate regularly with my child's Big and agency staff.			
11. My child and I only communicate with program staff when things are not going well.			
12. It's okay to cancel planned activities as long as I let my child's Big know.			
13. As a parent or guardian, I am responsible for helping to support my child's match.			
14. My child should see their Big as often as they want.			
15. I am not responsible for talking to my child about how their match is going.			
16. I get to determine what activities my child does with their Big.			
17. Big Brothers Big Sisters provides bursaries for young people attending post-secondary education.			



STUDENT NAME: _____

SCHOOL NAME: _____

GRADE & TEACHER: _____

The above named student is presently enrolled in the Big Brothers Big Sisters program. As part of our enrollment process it is important for a continuing assessment on how they function as a student. Any information received is considered confidential. Please complete the enclosed form at your earliest convenience.

Below is a consent form for the release of information signed by the child's parent/guardian for your files. If you have any questions, please contact our office at 902 466 5437 or halifax@bigbrothersbigsisters.ca.

Thank you for your cooperation.

Yours sincerely,

Mentoring Coordinator

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the above named school to release any information or opinions to Big Brothers Big Sisters of Greater Halifax which may be deemed relevant by them in connection with my child,

Date: _____

Signed: _____

Witness: _____



Informed Consent (Community-Based) – Parent/Guardian

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

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

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



MEDIA RELEASE FORM

I, _____ hereby give permission to Big Brothers Big Sisters of Greater Halifax to use the image and/or words of my daughter/son _____. Media may be used on platforms such as the agency website, social media, YouTube, email communications and external sites that have an affiliation to our agency. The term 'media' includes, but is not limited to: print materials, television, photographs, presentations, video, audio recording and computer generated images.

Name of parent/ guardian (please print)

Signature

Date

Witness

If you do not consent to the above media release, please sign below:

I have declined to sign the Big Brothers Big Sisters media release form for my child _____.

signature

date