

**ALL FORMS IN THE PACKET
MUST BE COMPLETED IN FULL,
SIGNED AND RETURNED BY MAIL TO:**

**Big Brothers Big Sisters
of Northeast Ohio
8 North State Street
Suite 360
Painesville, Ohio 44077**

SCHOOL/SITE-BASED CLIENT MENTORING APPLICATION

Big Brothers Big Sisters of Northeast Ohio

8 North State Painesville Ohio 44077

2010 E. Prospect, P.O. Box 2683 Ashtabula, Ohio 44005

Student's Name _____ Age _____

(last) (first) (middle)

Telephone _____ Birth Date _____ Male Female _____

Address _____

(street) (city) (state) (zip)

School Grade _____ Teacher _____

Name of parent or guardian _____ Work# _____

The information given above is correct and accurate to the best of my knowledge and I understand this application constitutes a request by Big Brothers Big Sisters of Northeast Ohio, Inc to involve my child in their program. I further understand that Big Brothers Big Sisters of Northeast Ohio, Inc. may or may not accept my child based upon pre-established criteria. I release Big Brothers Big Sisters of Northeast Ohio, Inc. its staff, Board of Trustees, and volunteers from any responsibilities of liability resulting from the activities involving my child.

This program will conclude at 5:00 pm. Please indicate your preference for your child's dismissal. You must select only one.

_____ **Walk Home** _____ **Will be picked up**

If your child is going to be picked up, please fill out the enclosed form that indicates who will be allowed to pick up your child. If this information changes, we must be notified in writing.

I give permission for my child's picture to be taken and displayed in the agency office or published in agency related materials after accepted into the program.

I, _____, agree that I will limit my child's participation in this Big Brothers Big Sister supported mentoring program to activities outlined in the program guidelines. If I want to extend my child's mentoring relationship beyond the program guidelines, I understand that I must contact Big Brothers Big Sisters to discuss interest and to complete additional screening procedures that may be required.

Please list any allergies that your child may have: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

AUTHORIZATION TO RELEASE INFORMATION

(NAME OF CHILD)

(BIRTHDATE)

(NUMBER)

(STREET)

(CITY)

(STATE)

(ZIP CODE)

I, _____

(NAME OF PARENT/GUARDIAN)

do hereby authorize _____

(SCHOOL AND GRADE)

to give Big Brothers Big Sisters of Northeast Ohio, Inc., information concerning my child's background. Big Brothers Big Sisters of Northeast Ohio, Inc. agrees to treat this information as confidential for its use in their organization.

I hereby release the above school of any liability and obligation in respect to laws governing confidential information. I understand that this authorization is valid for the duration of my child's match or as long as Big Brothers Big Sisters of Northeast Ohio, Inc. is providing services to my child. This authorization may be revoked at any time, but must be done so in writing. If I revoke this authorization, I understand that all information will cease to be released.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

(WITNESS)

(DATE)

EMERGENCY MEDICAL AUTHORIZATION

Big Brothers/Big Sisters of Northeast Ohio, Inc.

Name _____ DOB _____ Parent/Guardian _____

Address _____

Phone (home) _____ (work) _____

PURPOSE-To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the authority of a Big Brother or Big Sister when Parents or Guardians cannot be reached.

(1 or 2 must be completed)

PART 1 TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (Phone Number) or (other parent or guardian) at _____ (phone number) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

This authorization shall be valid during the period said child is officially affiliated with your organization, unless revoked in writing by the undersigned.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be

alerted: _____

signature of parent/guardian Date

PART II REFUSAL TO CONSENT (DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1]

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Big Brother or Big Sister to take no action or to:

signature of parent/guardian Date

IN NON-MEDICAL EMERGENCY SITUATIONS IF THE PARENT CANNOT BE REACHED CONTACT THE FOLLOWING RELATIVE, FRIEND OR NEIGHBOR.

Name: _____ at Phone _____

Name: _____ at Phone _____

PICK UP PERMISSION FORM

**** (to be completed only if you indicated that your child will be picked up)****

I, _____ give the following people permission to pick up
(Name of Parent)

my child, _____, at the end of the program:

I understand that it is the policy of Big Brothers Big Sisters of Northeast Ohio not to release my child to anyone that I have not named as permitted to pick up my child from the program. Note: Before any changes that are made regarding who will be picking up your child, we must be notified in writing.

Parent Signature Date

09/07/2005

SCHOOL/SITE-BASED GROUP MENTORING
GROUND RULES FOR VOLUNTEERS AND PARENTS

The School/Site Based Group Mentoring program was created by Big Brothers Big Sisters of Northeast Ohio, Inc. (BBBS) for high school students (Big Brothers or Sisters) to provide friendship and guidance to elementary school students (Little Brothers or Sisters). In order to help a Little develop his/her greatest potential, teamwork is required. Full cooperation between the volunteer, parent and agency is a major contributing factor in making this potential a reality.

BBBS encourages Bigs and Littles to be themselves, have fun and use common sense when interacting. Many of these ground rules reflect everyday safety precautions and common sense. The agency does have expectations of each party involved in the match, however, and it is important that these expectations are understood.

1. Bigs are to work once a week with their Littles at the designated school/site for the Group Mentoring program unless other arrangements have been made with BBBS staff
2. Bigs and Littles agree to limit any participation in the school/site based group mentoring program to activities outlined for the program. **Matches may not have social contact outside of the Group Mentoring program while matched and involved in the program.** BBBS staff must be contacted to discuss any interest in being matched outside of the Group Mentoring program and to complete any additional screening procedures that may be required.
3. No one else should be included in any Group Mentoring activities (friends, observers, other elementary students, for example) unless discussed and permission given by a BBBS staff person.
4. The Group Mentoring program meets only when school is in session. If school is not in session on the designated Group Mentoring program day for any reason (vacation, snow day, holiday, etc.), the program will not meet.
5. The Parent/Guardian of the Little is legally responsible for him/her during program time. Neither BBBS nor the Bigs are legally responsible for Littles involved in the Group Mentoring program.
6. Bigs are given the responsibility of supervising their Little during tutoring and activity times. **Bigs are not to leave Littles in anyone else's care except BBBS staff.**
7. **Bigs are never to use physical discipline.** If the Little misbehaves, inform BBBS staff who will handle the misbehavior.
8. Never discuss a Little's personal situation or problems with anyone. It is especially important never to speak poorly or disrespectfully of a Little in front of him/her. The information that is given to the Big or surmised by the Big about the Little must be kept confidential. This information can only be shared with BBBS staff

9. If a problem with the match or either party involved in the match develops or is suspected please speak with BBBS staff as soon as possible. Discussion can keep problems from becoming overwhelming.
10. Bigs are never to smoke cigarettes, drink alcoholic beverages, or use any other chemical substances anywhere on school property (and never anywhere in the presence of their Littles.)
- 11. Bigs and Littles must make BBBS staff aware of any need to leave the program. This need includes trips to the bathroom**
12. Please contact BBBS (352-2526 or 1-800-222-2440) as soon as possible if a Group Mentoring session will be missed for any reason or if there is a need to leave a session early.
13. Please put any special instructions for a Little in writing. The parent/guardian is encouraged to contact BBBS to inform staff to retrieve the note from the Little.
14. Parents/Guardians must make arrangements for their child(ren) to be picked up at school at the appropriate time if the child(ren) will not be walking home.
15. Bigs should not be asked for personal favors like baby-sitting, rides, or loans by the Little or the Little's family.
16. Parents/Guardians should encourage their child(ren) to say "thank you" to their Big(s) at the end of each Group Mentoring session.

THESE ARE THE GROUND RULES TO BE CONSIDERED PRIOR TO ANY INVOLVMENT IN THE PROGRAM

The undersigned releases Big Brothers Big Sisters of Northeast Ohio, Inc. and all involved from any responsibility or liability resulting for his or her involvement with the agency.

Name _____ Date _____

September 7, 2005

SCHOOL/SITE-BASED RULES AND CONSEQUENCE

1. I will be treated with respect and will treat others with respect which includes taking turns, being quiet while others are talking, keeping hands to myself (unless asked for help), etc.
2. I will cooperate with those who have the responsibility for my safety by listening to what they say and following their directions.
3. I will accept others' differences as I would like them to accept mine.
4. I will not fight, hit or argue.
5. I will participate in the activities.
6. I will help with the activities when asked, which includes helping to clean up.
7. I will make constructive suggestions and share ideas for activities because my opinions are valued.
8. I will not leave the group without telling the adult in charge; this includes trips to the restroom.
9. I will meet with Volunteers p during program activities.

CONSEQUENCES

Warning System:

Each session is a clean slate of verbal warnings.

There will be 2 verbal warnings given, the 3' warning is a suspension from the next program according to the following:

- 1 suspension 1 program
- 2 suspension 2 programs
- 3 suspension 4 programs
- 4 suspension = re-evaluate participation in the program.

Student's Signature

Date

Parent/Guardian's Signature

***please return this copy with application