

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

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

SCHOOL- BASED

VOLUNTEER MENTORING APPLICATION

Big Brothers Big Sisters of Northeast Ohio

8 N. State St. Suite 360 Painesville, OH 44077 (440) 352-2526

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Date of Birth _____ (last) _____ (first) _____ (middle) Age _____ M/F _____
 Ethnicity: African/American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___
 Phone: Home _____ Work _____ Cell _____
 Address _____
 (street) (city) (state) (ZIP) (county)

e-mail address: _____

References: **(must be school personnel)**

Name: _____ Name: _____
 School: _____ School: _____
 Relationship: _____ Relationship: _____
 Length of acquaintance: _____ Length of acquaintance: _____

1. The information given above is correct and accurate to the best of my knowledge and I understand that this application constitutes a request to Big Brothers Big Sisters of Northeast Ohio, Inc. to be involved in the after-school program. I further understand that Big Brothers Big Sisters of Northeast Ohio, Inc. may or may not accept me, based upon pre-established criteria.
2. I understand that transportation will be the responsibility of each individual participant.
3. I release Big Brothers Big Sisters of Northeast Ohio, Inc. its staff, Board of Trustees, and volunteers from any responsibilities or liability resulting from my match.
4. I give permission for my picture to be taken and displayed in the agency office or published in agency related materials after I am matched.
5. I agree that I will limit my participation in the Big Brothers Big Sisters supported mentoring program to activities outlined in the program guidelines. If I want to extend my mentoring relationship beyond program guidelines, I understand that I must contact Big Brother Big Sisters to discuss my interest and to complete any additional screening procedures that may be required.

Signature of parent (required if applicant is under 18 years of age) _____ date _____

Volunteer referral source: School ___ Other Big ___ Newspaper/Magazine ___ WebLink ___

SCHOOL YOU ATTEND: _____

ELEMENTARY SCHOOL PROGRAM DESIRED: _____

Continue on other side

BIG BROTHERS/BIG SISTERS OF NORTHEAST OHIO

8 North State St. Suite 360

Painesville, OH 44077

REFERENCE FORM

School _____

Reference's name _____ Applicant's name _____

CONFIDENTIAL

The applicant will **NOT** have knowledge of the content of your response. Please be honest in your answers. Promptness is very important, so that we may begin the assessment process.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How well do you know the applicant? _____
4. How would you describe the applicant's temperament and personality?

5. When applicant makes a commitment, does he/she keep that commitment even though it may not always be convenient? Always ___ Often ___ Rarely ___ Never ___ Unknown

6. How would you describe the applicant's ability to get along with:
Children: _____ Adults: _____

7. Would you entrust a child into this applicant's care? Yes ___ No ___ If not, why not?

8. To the best of your knowledge, does this applicant have, or has he/she ever had, a drinking or drug problem? _____

9. To the best of your knowledge, has the applicant been involved with Juvenile Court? Yes ___ No ___
If yes, please explain: _____

10. Why do you feel the applicant **would or would not** serve well as a volunteer in our program?

Additional comments are appreciated:

Please call us at (440) 352-2526 or 1-800-222-2440 with any additional information or questions concerning our program.

Signature

Date

(For Office use Only) Program : _____

SCHOOL BASED 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 _____

SCHOOL 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 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. Bigs should not be asked for personal favors like baby-sitting, rides, or loans by the Little or the Little's family.

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.

Volunteer Signature _____

Parent Signature _____ Date: _____