

Child

Child's Full Name:		Gender:
Address:		Postal Code:
Home Phone:	Email:	
Age:	Date of Birth: (month/day/year)	Place of Birth:
Child's Doctor:	Phone:	Health Card #

Emergency Contact

Name:	Relationship to child:	Phone:
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Parent/Guardian

Parent/Guardian Name:	If Guardian, please note relationship to child:	Marital Status:
Date of Birth: (month/day/year)	Email:	

Are you employed? No Yes – Where? _____

Can we call you at work? No Yes – Work Phone: _____

Are you unemployed? Yes No

EI Social Assistance Disability Other _____

Are you a student? Where? _____ Phone _____ ext. _____

Are you or your child involved with any other community agency? Yes No

Big Brothers Big Sisters of Central Vancouver Island:	Phone:	Staff member name:
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Other Parent

Parent Name:	Home Phone:
Address:	Work Phone:
Relationship with Child:	Email:

If you are a single parent with custody, what are the visiting rights of the other parent? Does he/she use these rights? What are the access arrangements? Provide any additional relevant information.

Is the other parent aware of your application for the program? Yes No

If yes, what is his/her attitude? If no, why not?

Family History/Situation

Other children at home (please include age, gender, and relationship)

Other people at home (please include age, gender, and relationship)

Has your child ever lived outside of your home (if so, where, when, why)

Does anything prevent your child from fully participating in the program? No Yes If yes, please explain:

Medical History

Does your child have any medical problems, conditions or allergies? No Yes If yes, please explain:

Is your child on medication? Yes No If yes, please explain:

Has your child ever seen or is he/she now seeing a psychologist, social worker, therapist, counselor, etc.? No Yes
If yes, please explain (include approximate dates, name, address and phone number of worker).

How physically fit is your child?

Do you think your child has any emotional difficulties? No Yes If yes, please explain:

About a Big Brother Big Sister

Is your child aware of your application for a Big Brother Big Sister? No Yes – If yes, what was the reaction?

School

School:		Address:	
Phone:	Grade:	Teacher:	

Does your child seem interested in school? Yes No

How is he/she doing in school? _____

Has your child ever been involved in a special education program? No Yes – Please comment

Does he/she generally get along with the teacher? Yes No

Is your child in trouble at school? often occasionally seldom never

Social Activities

Is your child interested or active in sports, church, and group activities? If yes, please list:

Please indicate what hobbies, if any, he/she currently enjoys.

Briefly describe your child's weekly schedule of activities.

Confidentiality

Just as we have to share information with you about the Mentor we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer?

No Yes – If yes, please clearly state what you **do not want** to be shared:

Your name:	Your Signature:	Date:
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The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.



Informed Consent – Parent (Community-Based)

I hereby make a formal application to Big Brothers Big Sisters of Central Vancouver Island ((**BBBSCVI**) 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 BBBSCVI, 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 BBBSCVI 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 BBBSCVI, 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 BBBSCVI. I also agree that I and my child will participate in the Pre- Match Training Program administered by BBBSCVI.

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

Witness

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



MEDIA CONSENT FORM – CHILD/YOUTH

Re: _____
Name of Child / Youth

Any photographs or video productions taken of children or youth by agency staff at recreational events or match outings, or otherwise authorized by the Executive Director or Board of Directors, may be used by the agency for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and web pages, such as the Agency website and social media. Photographs or video productions may also be shared with community and school partners for program promotion.

I hereby give consent: _____
Signature of parent/ guardian

Date

NOTE: Confidentiality concern re: media release

If you do not want your or your child’s picture used or if you have a safety concern, please check here:

Name: _____

Date: _____

Note: It is the parent/guardian’s responsibility to notify the office if the status of this consent changes.

VOLUNTEER AGREEMENT

I _____, understand that, while there is no cost for services provided by Big Brothers Big Sisters of Central Vancouver Island, I will be expected to volunteer at 2 events per year with the agency. The best way to reach me is:

Home/ Cell phone: _____

Email: _____

Examples volunteer opportunities with Big Brothers Big Sisters of Central Vancouver Island but not limited to:

- | | | |
|----------------------------------|-------------------------|------------------|
| Annual Appreciation Event | Bowl For Kids’ Sake | Board Member |
| Committee Member | Community Presentations | Christmas Parade |
| Clothing Collection | Fundraising Campaigns | IT Support |
| Office/Clothing Store Volunteers | Selling Raffle Ticket | Toonie Toss |

Signature

Date



Authorization Release for Professional Reference Consent

This consent form is to be completed and signed by the child's parent/guardian.

Please choose a professional your child works with and insert their name, telephone number (mandatory) and address (if known). The professional can be your child's teacher, a community counselor, social worker, etc.

This consent form will be sent to the professional, along with the professional reference form, by our agency.

****In order to reduce the waiting period, please let the professional know that he/she will be receiving a form from Big Brothers Big Sisters of Central Vancouver Island and ask that it be completed and returned as soon as possible.****

Professional's Name:		Profession:
Work Address:		Telephone:
Fax:	Email:	

I, _____ (Parent/Guardian's Name), hereby give my consent to _____ (Professional's Name), to disclose information concerning my child, _____ (Child's Name), to Big Brothers and Big Sisters of Central Vancouver Island.

Signature of parent or guardian

Date

Signature of Caseworker
Big Brothers and Big Sisters of Central Vancouver Island