



CHILD APPLICATION COMMUNITY-BASED MENTORING

Revised January 2023

Big Brothers Big Sisters of West Central Ohio matches children in one-to-one relationships with adult mentors. Your child and mentor will meet regularly to build a healthy relationship and help your child realize his or her greatest potential. If you would like your child to have this opportunity, please complete this application and return it to Big Brothers Big Sisters (address below). If you have questions regarding the program, please call us at 419-222-8500.

CHILD INFORMATION

Child's Full Name: _____

Preferred Name/Nickname: _____ Date of Birth: _____

Gender: _____ Race: _____

School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Name of *Custodial* Parent/Guardian: _____

Relationship to Child: _____ E-mail: _____

Address: _____

Phone: _____ OK to text? _____

Emergency Contact: _____ Relationship to Child: _____

Phone: _____ OK to text? _____

1. Why are you interested in a mentor for your child?

2. How did you hear about our program?

Big Brothers Big Sisters of West Central Ohio

Allen County: 616 South Collett Street, Suite 103, Lima, OH 45805

Hardin County: 229 North Main Street, Ada, OH 45810

Putnam County: 1800 North Perry Street, Suite 109, Ottawa, Ohio 45875



PARENT PERMISSION COMMUNITY-BASED MENTORING

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Child's Name: _____

By signing below, I give permission:

1. For my child to participate in an enrollment interview conducted by Big Brothers Big Sisters staff and complete surveys throughout the year containing questions about school performance and activities, personal interests, and accomplishments.
2. For my child's school, physician, counselor, social service agency, and the juvenile court to release social, behavioral and academic information about my child to Big Brothers Big Sisters (report cards, attendance records, behavior reports, juvenile court records, etc.). I understand this information will remain strictly confidential and will be used solely to evaluate my child's needs and measure his/her success in addressing those needs.
3. For my child to be matched in a one-to-one relationship with a mentor in Big Brothers Big Sisters of West Central Ohio's Community-Based Mentoring Program and participate in all scheduled activities.
4. For my child's first name only and respectful photographs/videos to be used by Big Brothers Big Sisters in agency publications and promotions and be released to other media, including newspaper, radio, and social media.
5. For my child's mentor to post my child's first name only and respectful photographs/videos on social media.
6. For my child to receive emergency medical attention in the event I cannot be reached.

I understand:

1. There is no obligation by Big Brothers Big Sisters of West Central Ohio to match my child with a volunteer.
2. Certain relevant information about my child will be discussed with the volunteer in order to develop appropriate mentoring support strategies.

I agree:

1. All information that I provide during the enrollment process is accurate.
2. To support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as requested and immediately reporting any concerns I might have to Big Brothers Big Sisters of West Central Ohio staff.
3. This consent shall remain in effect until my child is no longer a participant in the program

In consideration of permitting my child to participate in Big Brothers Big Sisters of West Central Ohio's Community-Based Mentoring Program, I hereby, on behalf of myself, my heirs, executors, administrators, successors, and assigns, waive and release Big Brothers Big Sisters of West Central Ohio, Inc., its directors, employees and volunteers, their respective heirs, executors, administrators, successors, and assigns, from all liability, loss, damages, costs, expenses, causes of action, suits, and claims of any nature whatsoever arising from, based upon, or related to personal injury or death to, or damage to or loss of property of my child sustained while participating in the Community-Based Mentoring Program, including liability for negligence.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date