**SCHOOL-BASED MENTORING PARENT PERMISSION FORM**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male/Female** **DOB**: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Best time to reach you?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Race:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Referred by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Optional Information: All information will remain confidential and only to be used as data for grant applications):**

**Annual Household Income: \_\_\_\_\_\_\_\_\_ Free/Reduced Lunch:** **Yes/No**

**Incarcerated Parent:** **Yes/No** **Military Parent: Yes/No**

Please circle the closest that best represents your family’s income level.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 person household | 2 person household | 3 person household | 4 person household | 5 person household | 6 person household | 7 person household | 8 person household |
| 13,750 | 15,700 | 17,650 | 19,600 | 21,200 | 22,750 | 24,350 | 25,900 |
| 22,900 | 26,200 | 29,450 | 32,700 | 35,350 | 37,950 | 40,550 | 43,200 |
| 36,650 | 41,850 | 74,100 | 52,300 | 56,500 | 60,700 | 64,900 | 69,050 |

**Guardian/Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often do they see the child?** \_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian/Mother’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often do they see the child?** \_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siblings/Others living in the home:**

**Name** **Birth Date** **Address (if different)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Volunteer Characteristics: *Many guardians have preferences and sometimes that is regarding the race, religion, marital status, gender identity, and/or sexual orientation of a volunteer.* *Therefore, we are going to ask you the following questions to respect the preferences of the family and to make the healthiest and best possible match for you both you and the Little. As BBBS does not discriminate based upon race, religion, marital status, gender identity, sexual orientation, etc., NONE of these things will disqualify the volunteer. However, you as the parent may feel strongly that certain characteristics would not be the best match for your child.***

Please indicate below the preferences if any, regarding the volunteer who may be matched with your child as a Big Brother or Big Sister:

Volunteer Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer race/ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Sexual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer religion/Faith: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a volunteer identifies as someone other than their biological gender, are you comfortable with them being matched with your child?  Yes:\_\_\_ \_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_

I understand BBBSNCW will make every effort to match my child with a mentor that has the volunteer characteristics I have chosen. I understand by not completing this preference section I am giving BBBSNCW the discretion to match my child with the Mentor they feel would be the best for my child.

**Guardian’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your child’s school district allows in-person meetings, please indicate if you are comfortable allowing your child to meet with a volunteer in-person. Yes in-person: \_\_\_ \_\_\_\_\_\_\_\_\_ No in-person: \_\_\_\_\_\_\_\_\_\_\_\_\_

If your child’s school district allows virtual meetings, please indicate if you are comfortable allowing your child to meet with a volunteer virtually. Yes virtual: \_\_\_ \_\_\_\_\_\_\_\_\_ No virtual: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please place a check next to the areas that a Big could help to strengthen for this child.**

**Personal Competence**

\_\_\_\_\_\_ self-esteem/self confidence

\_\_\_\_\_\_ express feelings or open up to other adults

\_\_\_\_\_\_ personal hygiene/appearance

\_\_\_\_\_\_ demonstrate appropriate anger management

\_\_\_\_\_\_ ability to accept responsibility

**Academic/Social Competence**

\_\_\_\_\_\_cares about others feelings/respects others cultures

\_\_\_\_\_\_ relationship with peers

\_\_\_\_\_\_ attitude towards school/teachers

\_\_\_\_\_\_ school performance

**Preventing At-Risk Behavior**

\_\_\_\_\_\_ avoid substance use/abuse including tobacco and alcohol

\_\_\_\_\_\_ avoid delinquency/truancy

**Boundaries**

\_\_\_\_\_\_ displays appropriate personal boundaries (modesty/respect for others boundaries)

\_\_\_\_\_\_ responds appropriately to boundary setting/stays within the set boundaries

\_\_\_\_\_\_ friends’ model appropriate behaviors

**Additional Goal Areas:**

I give permission (1) for my child to participate in the Big Brothers Big Sisters Program; (2) for the school to provide academic, medical, and social information about my child to Big Brothers Big Sisters (e.g. report cards, behavior); (3) to have my child complete a questionnaire containing questions about school, home life, and personal interests; and (4) for a Big Brothers Big Sisters staff member to discuss materials regarding personal safety with my child. **Guardian’s Initials \_\_\_\_\_\_\_\_\_**

I give my permission for Big Brothers Big Sisters of Northcentral Wisconsin to use my photograph publicly for promotion and marketing. I understand that the images may be used in print publications, online publications, presentations, websites, public service announcements, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. **Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

I give permission for Big Brothers Big Sisters of Northcentral Wisconsin to share our home address with Big Brother/Sister for summer communication via mail. **Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

I agree to discuss activities with my child and show an interest in his/her match and to contact the agency if I have any questions or concerns regarding my child’s match.

I give permission for a Big Brothers Big Sister of Northcentral Wisconsin staff member to meet with my child during the school day on school grounds as necessary for match support.

I hereby release Big Brothers Big Sisters of Northcentral Wisconsin, Inc., its officers, Board of Directors, staff, and participating volunteers, from liability for negligence, in connection with this program. Decisions on acceptance are made by the professional staff.

By signing this release, you also agree to have contact with the Match Support Specialist three times a year.

**Big Brothers Big Sisters of Northcentral Wisconsin Nondiscrimination:**

Children and volunteers are not excluded based on race, ethnicity, religion, national origin, color, gender, marital status, sexual orientation, gender identity, gender expression, citizenship status, veteran status, or disability.

**Big Brothers Big Sisters retains the right to accept or deny participants or close a match at any time.** Should we notify you that you child is not accepted into the program, you may appeal by:

**Grievance Procedure:** An aggrieved program participant (i.e., applicant, volunteer, parent/guardian of a child, child) should discuss their grievance with their Enrollment and/or Match Support Specialist. If such a step does not bring resolution, the aggrieved party may appeal to the Program Director. If such step does not bring resolution, the aggrieved party may appeal to the Executive Director. If a satisfactory conclusion cannot be reached by this point, the aggrieved party can request that their case be reviewed by the Executive Committee of the Board of Directors. The Executive Committee will make it’s recommendation to the Board of Directors. All decisions of the Board of Directors are final. **These decisions are final, and the agency does not disclose reasons for denial.**

**Print Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By signing this you must have primary placement with over 50% custody)

**School Based Mentoring Parent Fact Sheet**

Big Brothers Big Sisters of Northcentral Wisconsin is a non-profit, youth serving organization that strives to match carefully screened volunteers with children in a School-Based setting. The goal of the program is to provide children with additional responsible support as they grow.

Whether the child needs help with schoolwork, an opportunity to try new activities, or extra attention to improve self-confidence, a Big Brother or Big Sister can provide support through consistent, caring friendship.

**WHO ARE YOUR BIG BROTHERS AND BIG SISTERS?**

Big Brothers and Big Sisters are volunteers who are high school students and adults. They have various jobs, personalities, and interests. What they all share is a desire to help a child by being their friend.

Big Brothers and Big Sisters are carefully screened through criminal background checks, personal references, and interviews. We take the utmost care to ensure that we are providing your child with a positive, responsible role model and that they can fulfill their school year commitment to the program and to your child.

**HOW DO I KNOW MY CHID WILL GET ALONG WITH THEIR BIG BROTHER OR BIG SISTER?**

Just as we spend time getting to know our volunteers, we also spend time getting to know your child. This way, we feel that we can make matches that are well suited for each other.

**HOW OFTEN WOULD MY CHILD SEE HIS/HER BIG, AND WHAT WOULD THEY DO TOGETHER?**

A Big Brother or Big Sister will see their Little once a week for 30-40 minutes each time. The Big will meet with your child at school in a specified area or virtually. The focus of the match will be placed on academics or school related projects and developing a friendship. You will receive a letter from the Enrollment and Match Support Specialist giving specific information about your child’s match.

**DOES IT COST ANYTHING TO HAVE A BIG BROTHER OR BIG SISTER?**

Big Brother Big Sisters services are provided free of charge.

**WHAT IF I HAVE QUESTIONS OR CONCERNS, WHERE DO I CALL?**

Your child’s Enrollment and Match Support Specialist will be in contact with you a few times a year to make sure your feel comfortable with your child’s match. However, please don’t ever hesitate to contact us. We are happy to answer all of your questions. Once your child is matched, your Enrollment and Match Support Specialist is in touch with your child on a regular basis to get feedback and information on the relationship and its progress. We are always available to work with you and listen to your questions, concerns, and comments.

Agency staff can be reached at our local office at 715-848-7207. After hours you can leave a message on your answering machine and your Enrollment and Match Support Specialist will return your call as soon as possible. We hope you will get involved with Big Brothers Big Sisters because we believe life is more fun if you have someone to share it with.