



FACTS ABOUT BIG BROTHERS BIG SISTERS OF MONMOUTH & MIDDLESEX COUNTIES

OUR MISSION

Our mission is to provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever.

OUR VISION

Our vision is that all children achieve success in life.

THE COMMITMENT FOR COMMUNITY-BASED MENTORING

In order to develop and maintain a meaningful relationship, a Big Brother, Big Sister or Big Couple is expected to see their Little on a consistent basis, either weekly or bi-weekly, for a minimum of one year.

THE PROCESS

Big Brothers Big Sisters of Monmouth & Middlesex Counties provides professional staff service for the recruitment, screening, training, and supervision of the Big/Little matches.

VOLUNTEER SCREENING PROCESS

Each adult volunteer applicant is carefully evaluated for acceptance as a volunteer Big Brother or Big Sister. The evaluation process consists of completing an application form, obtaining three references, a DMV check, a criminal background check, fingerprinting, an interview conducted in the office and if necessary one in the volunteer's home, and attendance at a mentor training session led by BBBS case managers.

MATCHING PROCESS

This is the process in which one child is assigned to one adult or married couple. Prior to a child being matched, a staff case manager meets with the child and parent to gather pertinent information. Factors considered in making a match are age, interests, location, personalities and the volunteer's experience with children. The volunteer(s) assigned to a child should be able to develop trust, and provide friendship, motivation, guidance and be a proper role model for the child.

SUPERVISION & SUPPORT

Each match is assigned a professional case manager who will keep regular contact with the parent, child and volunteer. The case manager is there to support the match relationship and to provide a healthy and encouraging atmosphere for all involved.

AGENCY PUBLICATION

The Little News, prepared by staff, provides Bigs, Littles and children on our waiting list with information about special events, upcoming Agency sponsored activities, acknowledgment of Little's successes, and helpful suggestions about places for matches to go together.

ONGOING ACTIVITIES

In addition to the one-to-one mentoring program, the Agency provides ongoing activities for both matches and children on our waiting list. The activities may include bowling, holiday parties, annual carnivals, baseball games, or a picnic. On occasion sports, music, theatre tickets are donated to us and will be made available.



PARENT – CHILD APPLICATION

CHILD INFORMATION:

Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Phone: _____ Other Phone: _____ Ethnicity (optional): _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Name: _____ Receive Free/Reduced School Lunch: _____

School Address: _____

City: _____ State: _____ Zip: _____

Teacher: _____ Grade: _____

HOUSEHOLD INFORMATION:

Parent/Guardian's Name: _____

Age: _____ Email: _____ Cell Phone: _____

Marital Status:

Circle: Single | Married | Divorced | Widowed | Separated | Other How Long? _____

Names & Ages of All Who Live in the Home:

Household Income: (used for BBBS funding purposes only, will not affect child's enrollment)

Circle One: Less than \$10,000 | \$10,000-\$14,999 | \$15,000-\$19,999 | \$20,000-\$24,999 | \$25,000-\$29,999

\$30,000-\$34,999 | \$35,000-\$39,999 | \$40,000-\$44,999 | \$45,000-\$49,999 | \$50,000-\$59,999 | \$60,000-\$74,999

\$75,000-\$99,999 | \$100,000-\$124,999 | \$125,000-\$149,999 | \$150,000-\$199,999 | \$200,000 +

Employer: _____ Work Phone: _____

Work Address: _____ Work Email: _____

City: _____ State: _____ Zip: _____



OTHER INFORMATION:

Referral Source: _____

Reason For Referral:

Where is absent parent/parent not living in the home with child?

Does either parent have a history of incarceration? Circle: Yes | No

If yes, please give reason:

What is the extent of contact the child has with the absent parent?

Describe the child's relationship with the absent parent:

Has absence of parent affected the child? Circle: Yes | No

If yes, please give details:

How does child feel about the absent parent?

Are there any serious problems of either parent, which may have affected child? Circle: Yes | No

If yes, please give details:

What are the child's challenges as parent sees them?

What are the parent's feelings about their child having a Big Brother or Big Sister?



What are the child's feelings about having a Big Brother or Big Sister?

Does child belong to any clubs or organized groups? Circle: Yes | No

If so, which ones?

What are the child's interests, hobbies and skills?

What are the personality characteristics of the child?

Are other service agencies involved with your family? Circle: Yes | No

If so, which ones?

Has your child ever been arrested or involved with police? Circle: Yes | No

If yes, please give details:

Has child been involved with alcohol or drugs? Circle: Yes | No

If yes, please give details:

How is child's physical health?

Does child have any behavioral diagnoses? Circle: Yes | No

If yes, please give details:

Any serious problems now or in early childhood? Circle: Yes | No

If yes, please give details:



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Dear Parent or Guardian,

This release of information form will be used to check with the school about your child’s performance and behavior. Kindly sign by the “X” and return with the application. If this form is not returned signed, we cannot proceed with your application for the Big Brother or Big Sister.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR:

Child’s Name: _____
(Please Print)

We need information about your child so that we can determine, with your help, how Big Brothers Big Sisters of Monmouth & Middlesex Counties can best help him/her. Any information provided by you or other agencies will be kept completely confidential. If you have any questions, please contact our office.

Release of Information

To provide service to your son/daughter, it is important for us to know all about him/her.

Please sign the following statement:

I grant permission to any school to allow my son/daughter to meet with a worker from Big Brothers Big Sisters of Monmouth & Middlesex Counties and to release any information regarding myself or my children to Big Brothers Big Sisters of Monmouth & Middlesex Counties. This release also applies to any physician, welfare or social agency or hospital.

Parent/Guardian Name: _____
(Please Print)

X _____
Parent/Guardian Signature

Date



PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

In submitting this application to Big Brothers Big Sisters of Monmouth & Middlesex Counties (BBBSMMC) for my child, I understand that:

- If accepted, I will abide by the ground rules and policies of BBBSMMC including no overnight visits between Bigs and Littles.
- The information on this application is true to the best of my knowledge. Also, I have not withheld any information regarding my child’s health, personality, or behavior which, if later revealed, is likely to have a significant adverse effect on the mentoring relationship.
- BBBSMMC does not discriminate nor exclude children or volunteers on the basis of race, religion, natural origin, gender, sexual orientation, veteran status, disability or marital status.
- My child is not automatically accepted into any of the BBBSMMC mentoring programs.
- Acceptance into the program will be determined by the BBBSMMC staff based on program/agency criteria and information obtained from the application, interview, and any other relevant sources.
- If accepted, there is no guarantee that a Big Brother or Big Sister for my child will be identified.
- If a potential Big Brother/Big Sister does become available, I will be given general information about him/her before any match is made. This information will be gathered from the volunteer interview. Only the information determined to be pertinent by the case manager will be shared.
- I am in no way obligated to accept any proposed Big Brother or Big Sister for my child. Only a Big Brother or Big Sister that I have approved will be matched with my child.
- Pertinent information from my child’s file will be shared with the potential volunteer. This information will be shared on a first name basis only until a match has been agreed upon.
- Every reasonable precaution will be taken to ensure the safety of my child while he or she is participating in the BBBSMMC program. I relinquish all claims for injuries of any nature while my child is engaged in a BBBSMMC activity.

Child’s Name: _____
(Please Print)

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature

Date