



Dear Parent/Guardian:

Thank you for your interest in the Big Buddies Mentoring Program. We seek to serve families in our church and community by providing positive role models for boys and girls. Big Buddies Mentors commit to spending 2-4 hours every other week with your child, and they often learn as much from the children as the children learn from them.

The following pages will lead you through the application process in getting your child involved with our program. [Click here to go to the application page](#). [Click here to go to the contact page](#) directly to the appropriate department. If you have any questions regarding the following pages, please contact James Rey at the Calvary SLO church office at **805-543-8516**.

All of our mentors complete a thorough application process prior to being matched with a child that includes: Department of Justice fingerprinting, personal interview, training provided by the Family Care Network Inc. and personal/professional references. A match specialist will oversee the match relationship and will communicate with you on a consistent basis for the duration of the match. We look forward to meeting you and your child in hopes of matching you with the best possible mentor.

God bless you,

James Rey  
Calvary SLO Associate Pastor  
Program Director



## FAMILY APPLICATION PROCESS

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- ❑ Complete Parent/Youth Application
- ❑ Read and sign the attached forms
  - ❑ Confidentiality Policy
  - ❑ Proof of Physical Custody and Legal Guardianship
  - ❑ Emergency Medical Release
- ❑ Return completed documents above to our office in the preaddressed envelope enclosed
- ❑ A Program Representative will contact you after receiving your information, and then schedule an interview with you and your child. The interview will assist us in matching your child with a mentor with similar interests, complementary strengths, etc.
  - ❑ Parent Questionnaire completed during interview
  - ❑ Youth Questionnaire completed during interview



## PARENT/YOUTH APPLICATION

Parent/Guardian's Name:		Child's Name:		
Home Address:	City: Count	y:	State:	Zip:
Parent's Place of Employment:	Is Parent Receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone:	Work Phone:	Email:		
Cell Phone:				
Best time to call:	Youth's DOB:	Youth's Gender:	Youth's Ethnicity:	
Primary Language spoken in home? Please list all.				

- What is the primary reason for you wanting your child to have a Big Buddy? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is your living situation?  
 Two parent household  
 One Parent:  Female  Male  
 Other relative of child (non-parent)  
 Foster Home  
 Group Home  
 Other: \_\_\_\_\_
- Does your child have any medical conditions that might affect him or her participating in activities with a Big Buddy?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- Is there a person who shares custody of this child?  Yes  No  
 If yes, are they aware of the child's enrollment in BBMP?  Yes  No
- Do you anticipate any significant life changes over the next year or have you had any in the past year?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there any other information that the Big Buddies Mentoring Program should be made aware of concerning the family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for my child, \_\_\_\_\_, to participate in the Big Buddies Mentoring Program. I understand that the BB program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional personal information. If my child is matched with a Big Buddy I agree to support my child's match and to immediately report any concerns I might have to the Big Buddies staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you consent to your child's picture being used for fundraising, advertising, or promotion throughout the duration of your child's affiliation with Big Buddies Mentoring Program?

Yes       No      Initials: \_\_\_\_\_



## CONFIDENTIALITY POLICY

It is the policy of Big Buddies Mentoring Program to respect the confidentiality of family and volunteer records, and share such information solely among program staff. All records are considered the property of Big Buddies Mentoring Program, and not of the program volunteers or program participants themselves. All information shared between match parties during the time a match meeting takes place shall remain strictly confidential. No records are available for review by program participants beyond the extent and contents to which the program and participant mutually agree, with the exception of the circumstances below:

Information will be released to outside individuals, agencies, or organizations only upon presentation of an authorized "Release of Information" form appropriately signed by the parent/guardian and/or volunteer.

Identifying information regarding family and volunteers may be used in program publications or promotional materials only upon presentation of an authorized model release.

Members of the Board of Directors may have access to applicant or program participant information upon authorization by a formal motion of the Board of Directors. The motions must state who shall be authorized to review records, the specific purpose for the review, and the period of time during which action will be granted.

Information shall be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena. However, each request from such agencies will be considered individually.

Information shall be provided to Big Buddies Mentoring Program's legal counsel in the event of litigation or potential litigation involving the program. Such information is considered privileged, and its confidentiality is protected by law.

California State Law mandates that suspected child abuse be reported to the local Child Welfare Services agency. Volunteers are responsible for reporting any suspected child abuse to their Pastors or Ministry Director. Pastors or Ministry Director will then, if appropriate, report the suspected child abuse to Child Welfare Services.

Program staff shall take the appropriate steps medically, legally, or otherwise in the event that a program participant displays behavior that may result in harm to him/herself or others.

I have read and understand the confidentiality policy above, and agree to program participation under the conditions it sets forth.

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Signature

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Date



PROOF OF PHYSICAL CUSTODY and LEGAL GUARDIANSHIP

My signature below verifies that I have legal physical custody and am the legal guardian of \_\_\_\_\_ . As the legal guardian, I am enrolling the above-mentioned child with Big Buddies Mentoring Program. Should there be any change in my status as legal guardian or status of physical custody, I will contact Big Buddies Mentoring Program immediately.

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child



## MEDICAL CONSENT FOR TREATMENT

### General Information:

Name of Minor: \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Minor's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Minor's Medical Conditions: \_\_\_\_\_

Minor's Medications: \_\_\_\_\_

Minor's Allergies: \_\_\_\_\_

### In Case of Emergency Contact:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

*On behalf of the above named minor and myself, I hereby waive, and release, and discharge Big Buddies Mentoring Program of any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter occur to minor or myself as a result of his/her participation in any Big Buddies Mentoring Program.*

*By my signature below, I hereby certify that I am the parent or legal guardian of the above named minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its content.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date