



Parent/Guardian Information

Description of Program

- Mentor and child meet weekly or bi-monthly
- Volunteer transports the child
- Parent/Guardian and Big Brothers Big Sisters staff support the match
- Volunteers are thoroughly screened by the Big Brothers Big Sisters agency

Eligibility Criteria to Qualify for Services

Child/Youth

- 6 to 12 years of age
- Resident of Bonneville or Jefferson County
- Reside in a single parent or alternative guardian home (or reside in a two-parent household with circumstances that warrant the need for mentoring services)
- Must have the capacity to relate to a volunteer
- Must have need that are appropriate for mentoring services
- Must want to participate in the program
- Must have time available to spend with a volunteer

Parent/Guardian/Caregiver

- Must want the child to participate in the program
- Must be able and willing to support the match relationship
- Must complete the application for services and cooperate in the intake process

Enrollment Process

- Application
- Guardian/Caregiver interview and orientation
- Child/Youth interview
- Eligibility determination

Contact information:

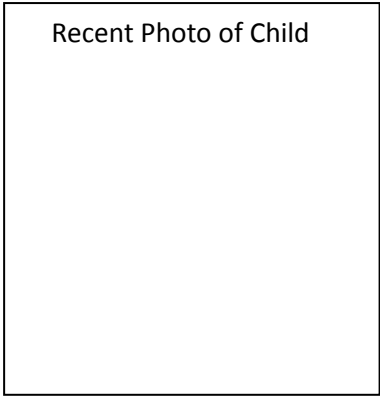
Big Brothers Big Sisters of Southeast Idaho
545 Shoup Ave, Suite 341
Idaho Falls, ID 83402
208-523-4842
e-mail: bbbsid@gmail.com



Little Brother/Little Sister Application

(All information provided is kept confidential)

Child's full name: _____
Address: _____
Ethnicity: _____ M or F Age: _____ DOB: _____
School: _____ Teacher: _____ Grade: _____
Parent/Guardian: _____
Marital Status: _____ Relationship to child: _____
Who has legal custody of the child? _____
Home ph: _____ Cell ph: _____ Work ph: _____
Employer: _____
Days/Hours: _____ May we call you at work? _____



Emergency contacts: Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Child's current living situation: Single parent Two parent Grandparent Other relative Foster care Other
Absent parent name/location (if applicable): _____
Reason parent is absent (if applicable): _____

Household members:	Name:	Age:	Relationship to child:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

How did you hear about our agency? _____
What can a Big Brother/Big Sister do for your child? _____

Does your child have any medical conditions that might affect him/her participating in activities?
Yes: No: If yes, please explain: _____

(cont.)

(cont.)

Is there a person that shares custody? Yes: No:

If yes, are they aware of the child's enrollment in BBBS? Yes: No:

If no, why not? _____

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: _____

Does your child have any siblings who could benefit from having a Big Brother or Big Sister?

What are his/her personal interests and hobbies? _____

Does he/she see their other parent? _____

Has your child ever received counseling? Yes: No: If yes, when and where: _____

Can you think of anything else we should know about your child? _____

Parent/Guardian signature: _____ Date: _____



Dear Parent/Guardian:

Many times it is helpful for us to talk with your child's teacher, counselor and/or principal about your child's needs. Please complete the following, giving us permission for a mutual exchange of information.

I give my permission for the exchange of confidential information between Big Brothers Big Sisters of Southeast Idaho and the following regarding my child.

Child's name: _____

Teacher: _____ School: _____

School Fax No.: _____

School Counselor/Social Worker: _____

Counselor/Therapist: _____ Social Service Agency: _____

Agency Fax No.: _____

Parent/Guardian Signature: _____ Date: _____