

MENTEE APPLICATION

* denotes form fields below required

CONTACT INFORMATION

Child's Name*			
Date of Birth*		Gender*	
School*		Grade*	
Teacher*			

DEMOGRAPHIC INFORMATION

*What is your heritage/cultural identity?	<input type="checkbox"/> English Canadian <input type="checkbox"/> French Canadian <input type="checkbox"/> First Nations/Metis <input type="checkbox"/> Inuit <input type="checkbox"/> African <input type="checkbox"/> European <input type="checkbox"/> South American <input type="checkbox"/> Central American <input type="checkbox"/> Middle East <input type="checkbox"/> Indo China <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Pacific Islands <input type="checkbox"/> Asian – all other <input type="checkbox"/> Other (please specify) <hr/> <input type="checkbox"/> Undisclosed	
Languages Spoken		
*Were you born in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how long have you lived in Canada?	<input type="checkbox"/> Less than one year	<input type="checkbox"/> One to three years
	<input type="checkbox"/> 4 to 10 years	<input type="checkbox"/> More than 10 years

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name*			
If Guardian, please note relationship*			
Address			
City		Postal Code	
Email Address			
Phone Number			

GETTING TO KNOW YOUR CHILD

This information will help us begin to understand your child which will help us find a good mentor.

Why does your child want a mentor?			
Please check any of the following characteristics that describe your child:			
<input type="checkbox"/> Friendly	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Active	<input type="checkbox"/> Helpful	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Please check any of the following characteristics that describe your child's interests:			
<input type="checkbox"/> Cooking	<input type="checkbox"/> Animals	<input type="checkbox"/> Computers	<input type="checkbox"/> Video Games
<input type="checkbox"/> Music	<input type="checkbox"/> Board/Card Games	<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> _____
<input type="checkbox"/> Building (ie Lego)	<input type="checkbox"/> Movies/TV	<input type="checkbox"/> Talking	<input type="checkbox"/> _____
<input type="checkbox"/> Video Games	<input type="checkbox"/> Reading/Books	<input type="checkbox"/> Sports	<input type="checkbox"/> _____
Does your child have any specific medical conditions, allergies, or other concerns we should know about?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe.			

What classes would you rather your child not miss?	
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CHOOSING A MENTOR

Is there anything you would like us to be aware of that would assist us in finding the right mentor for your child?

YOUR INVOLVEMENT

Please check the following options which are available to you:
<p style="text-align: center;"><i>Your child will meet his/her mentor during the school day.</i></p> <p><input type="checkbox"/> I would like to be present when they meet the first time.</p>
<p style="text-align: center;"><i>Every child in the program participates in pre-match training.</i></p> <p><input type="checkbox"/> I would like to receive a copy of the material prior to my child participating.</p> <p><input type="checkbox"/> I would like to be involved in some other way. <i>(When checking this box, please connect directly with the Big Brothers Big Sisters office to coordinate.)</i></p>

SIGNATURE OF PARENT/GUARDIAN

DATE

INFORMED CONSENT (SITE-BASED 1:1) PARENT/GUARDIAN

I hereby make formal application to Big Brothers and Big Sisters of Red Deer and District to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible male/female adult, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a Mentor who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by Big Brothers and Big Sisters of Red Deer and District, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof.

I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program. I further agree that information about my child may be shared, at the discretion of Big Brothers and Big Sisters of Red Deer and District, with my child's Mentor so that my child's needs in a Mentoring relationship may be best met.

I understand that I am under no obligation to accept a Mentor for my child, that the Agency is under no obligation to provide my child with a Mentor and that this application is the property of Big Brothers and Big Sisters of Red Deer and District. I also agree that my child will participate in the Pre-Match Training Program administered by Big Brothers and Big Sisters of Red Deer and District.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give the agency my consent to assign a Mentor to my child. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____, 20_____.

PARENT/GUARIDAN SIGNATURE _____



Boys & Girls Clubs
of Red Deer & District

MEDIA CONSENT FORM - CHILD/YOUTH

Re: _____
Name of Child/Youth

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of Red Deer and District, including Youth HQ Foundation and Boys and Girls Club of Red Deer & District the use of any photographs, audio and/or video recordings of my child or youth as taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency President/Executive Director/CEO or Board of Directors, and that this media may be used by Local Agency and/or by the National Office for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion.

Please check only one of the following options:

- Yes, I consent to the above statement
- No, I do not consent to the above statement

Signature of Parent/Guardian

Date

Note: It is your responsibility to notify the office if the status of this consent changes.

