

## FACTS ABOUT BIG BROTHERS BIG SISTERS OF MONMOUTH & MIDDLESEX COUNTIES

### OUR MISSION

OUR MISSION is to make a positive difference in the lives of children who are facing emotional, social and academic challenges. Through professionally supported relationships with a caring adult, Big Brothers Big Sisters assists the children in achieving their highest potential, as they grow to become confident, competent and caring individuals.

### THE COMMITMENT FOR COMMUNITY-BASED MENTORING

In order to develop and maintain a meaningful relationship, a Big Brother, Big Sister or Married Couple is expected to see their Little on a consistent basis, either weekly or bi-weekly, for a minimum of one year. Although only a few hours per week/ bi-weekly are required, the commitment is a serious one. Little Brothers or Sisters are often insecure and may feel a sense of loss if continuity is not maintained. Many find it hard to handle the disappointment of yet another person leaving their universe. Therefore, a volunteer Mentor should not go into the program without the understanding that a minimum of one year of his or her time is essential.

### THE COMMITMENT FOR SCHOOL-BASED MENTORING

School-based Big Brothers and Sisters make a commitment to meet with their Little Brothers and Sisters once a week or every other week, depending on the program, for an entire school 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 or 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, an interview conducted in the office and if necessary one in the volunteer's home, and attendance at ongoing training & development sessions. Volunteers who serve our Kid's Club and School-based programs are required to undergo the same screening process.

### 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. Issues considered in making a match are age, interests, location, personalities and the volunteer's experience with children and the seriousness of the child's issues. The volunteer(s) assigned to a child should be able to develop trust, and provide friendship, motivation, guidance and 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.

## **ONGOING TRAINING SESSIONS**

Special training sessions in areas of interest to Big Brothers and Big Sisters (e.g. child development, school problems, family problems that impact a child, communication, etc...) are planned and scheduled at convenient times as needed. This also gives volunteers the opportunity to discuss match issues with each other facilitated by professional staff.

## **AGENCY PUBLICATION**

The **Little News**, prepared by staff, provides Bigs, Littles and Kids Club Members with information about special events, upcoming Agency sponsored activities, topics of the Board, exchange volunteer information, acknowledgment of Little's successes, and helpful suggestions about places to take their Little. This document also serves as a communication link between the Agency, community supporters and the media.

## **ONGOING ACTIVITY PROGRAMS FOR MATCHED AND KIDS CLUB MEMBERS**

In addition to the one-to-one matched program, the Agency provides ongoing recreational, community service and educational opportunities for both the matched and Kids Club members.

The recreational activities may include ice skating, roller skating, bowling, holiday parties, annual picnics, baseball games, and amusement parks. Educational programs might include trips to a science center, a museum, or the zoo. Small group special needs workshops are also offered to target issues concerning our Littles. Our Bigs and Littles also participate in Community Services activities such as our spring beach clean-up. Financial support for these activities is solicited through local businesses, clubs and organizations. Each activity is supervised by agency professional staff. On occasion sports, music, theatre tickets are donated to us and will be made available.

## **SUPPORT TO CHILDREN & FAMILIES**

The staff and friends from the community make it possible to provide, on a limited basis, scholarships to camp, recycled bicycles & computers, tickets to events, and information and referral services for special needs and interests.

## **THE KID'S CLUB PROGRAM**

The Kid's Club Program is made up of volunteers who serve as a "Big for the Day". These volunteers provide transportation and supervision to one of our agency sponsored group activities to children who are enrolled in the program but not yet matched. This enables many more children to participate in our activities and allows the agency to keep current on the needs of those who are waiting for placement in one of the Mentoring Programs.

The volunteers will commit to participate for six months and may work with a number of children in that time period. At the end of this commitment, volunteers may, if they wish, apply to be a Big Brother or Big Sister in the regular program.

Kids Club volunteers go through the same screening as a Big Brother or Big Sister.



**PARENT - CHILD APPLICATION**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ Email: \_\_\_\_\_

PARENT'S NAME & AGE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

GRADE & TEACHER: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

RECEIVE FREE/REDUCED SCHOOL LUNCH: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_  
\_\_\_\_\_

NAMES AND AGES OF ALL WHO LIVE IN THE HOME \_\_\_\_\_  
\_\_\_\_\_

PARENT'S MARITAL STATUS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

WHERE IS ABSENT PARENT / PARENT NOT LIVING IN THE HOME WITH CHILD? \_\_\_\_\_  
\_\_\_\_\_

HISTORY OF INCARCERATION OF EITHER PARENT & REASON FOR INCARCERATION \_\_\_\_\_

\_\_\_\_\_

EXTENT OF CONTACT WITH THE ABSENT PARENT: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE THE CHILD'S RELATIONSHIP WITH THE ABSENT PARENT: \_\_\_\_\_

\_\_\_\_\_

HAS ABSENCE OF PARENT AFFECTED THE CHILD? \_\_\_\_\_

\_\_\_\_\_

HOW DOES CHILD FEEL ABOUT THE ABSENT PARENT? \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY SERIOUS PROBLEMS OF EITHER PARENT WHICH MAY HAVE AFFECTED CHILD? \_\_\_\_\_

\_\_\_\_\_

CHILD'S ISSUES AS PARENT SEES THEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT'S FEELINGS ABOUT YOUR CHILD HAVING A BIG BROTHER OR SISTER: \_\_\_\_\_

\_\_\_\_\_

CHILD'S FEELINGS ABOUT HAVING A BIG BROTHER OR SISTER: \_\_\_\_\_

\_\_\_\_\_

DOES CHILD BELONG TO ANY CLUBS OR ORGANIZED GROUPS? (WHICH ONES): \_\_\_\_\_

\_\_\_\_\_

CHILD'S INTERESTS, HOBBIES AND SKILLS: \_\_\_\_\_

\_\_\_\_\_

PERSONALITY CHARACTERISTICS OF CHILD: \_\_\_\_\_  
\_\_\_\_\_

ARE OTHER SERVICE AGENCIES INVOLVED WITH YOUR FAMILY? IF SO, WHICH ONES? \_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD EVER BEEN ARRESTED OR INVOLVED WITH POLICE? \_\_\_\_\_  
\_\_\_\_\_

HAS CHILD BEEN INVOLVED WITH ALCOHOL OR DRUGS? \_\_\_\_\_  
\_\_\_\_\_

HOW IS CHILD'S PHYSICAL HEALTH? \_\_\_\_\_  
\_\_\_\_\_

ANY SERIOUS PROBLEMS NOW OR IN EARLY CHILDHOOD? \_\_\_\_\_  
\_\_\_\_\_

I ACKNOWLEDGE AND AGREE: That Big Brothers Big Sisters of Monmouth & Middlesex Counties is under no obligation to assign a volunteer to my child. That I will abide by the ground rules of the agency.

And that 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 relationship.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



**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 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:

- 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 on information obtained from the application, interview, and any other relevant sources.
- If accepted, there is no guarantee that a Big Brother/Big Sister for my child will be found.
- 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 to 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.
- 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.

Child's name: \_\_\_\_\_  
(Please Print)

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

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