

**In-School Mentoring Application Package**  
(To be completed by Parent/Guardian/Caregiver)

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Dear Parent/Guardian:

Big Brothers Big Sisters of Waterloo Region (BBBSWR), in partnership with your child's school, is pleased to inform you that your child has been invited to participate in the In-School Mentoring Program. The In-School Mentoring program provides students with a volunteer mentor who serves as a role model and friend to talk to and share the experiences of growing up with, all within the school environment.

The In-School Mentoring program consists of a weekly visit of 1 hour during the school day, on school property. Please be aware that in the In-School Mentoring Program, there is a strict policy of no contact between the volunteer and child outside of their in-school meetings (including but not limited to phone calls, social media, email or in-person meetings). Should Matches also do not have contact over the summer break or during other school holidays. All In-School Mentors are carefully screened through the BBBSWR office.

If you would like your child to have the opportunity to participate in the program, please sign and return the three attached forms to the school:

- Child Information sheet (page 2)
- Informed Consent form (page 3)

Once these forms are received by the school, your child will be added to a waiting list to be matched with a volunteer. **Please note that we cannot guarantee a match for your child as we are a volunteer-based organization.** If you have any questions or concerns, please do not hesitate to phone your child's school or the BBBSWR office at 519-745-0180 ext. 208.

Sincerely,



Rachel Brubacher  
Program Coordinator  
519-745-0180 ext. 208  
[rachel.brubacher@bbbswr.org](mailto:rachel.brubacher@bbbswr.org)

## Child Information

(To be completed by Parent/Guardian/Caregiver)

### CHILD'S INFORMATION:

Child's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Child's School: \_\_\_\_\_

### CAREGIVER INFORMATION:

Caregiver's Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### GETTING TO KNOW YOUR CHILD:

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"/> Withdrawn | <input type="checkbox"/> Indifferent |
| <input type="checkbox"/> Outgoing     | <input type="checkbox"/> Active    | <input type="checkbox"/> Hyper       |
| <input type="checkbox"/> Shy          | <input type="checkbox"/> Helpful   | <input type="checkbox"/> Impulsive   |
| <input type="checkbox"/> Talkative    | <input type="checkbox"/> Quiet     | <input type="checkbox"/> Impatient   |
| <input type="checkbox"/> Other: _____ |                                    |                                      |

Please check any of the following that describes your child's interests:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cooking          | <input type="checkbox"/> Building (Lego) | <input type="checkbox"/> Computers        |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Sports          | <input type="checkbox"/> Quiet Activities |
| <input type="checkbox"/> Board/Card Games | <input type="checkbox"/> Animals         | <input type="checkbox"/> Talking          |
| <input type="checkbox"/> Arts/Crafts      | <input type="checkbox"/> Active Games    | <input type="checkbox"/> Reading/Books    |
| <input type="checkbox"/> Other: _____     |  |   |

Does your child have any specific medical conditions, allergies or other concerns we should know about? If yes, please describe:

\_\_\_\_\_

### 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? If yes, please describe:

\_\_\_\_\_

### YOUR INVOLVEMENT:

BBBSWR staff actively supervise our matches and are in regular contact with school staff and volunteers to ensure the match is going well. If you have any specific questions or requests, please feel free to contact BBBSWR.

I hereby make formal application to Big Brothers Big Sisters of Waterloo Region (BBBSWR) to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible 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 BBBSWR, 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 BBBSWR, 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 BBBSWR. I also agree that my child will participate in the Pre- Match Training Program administered by BBBSWR.

**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\_\_\_\_.  
(City) (Day) (Month) (Year)

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