

Study Buddy Program – Mentee Application Form

CHILD INFORMATION		
Name:		Date of Birth (m/d/y):
Gender Identity:		Preferred pronouns (optional):
School:	Grade:	Teacher:
Ethnicity (optional):		Additional Languages Spoken:
Born in Canada?		How long has the child lived in Canada?
Behavioural Designation:		

PARENT/GUARDIAN INFORMATION		
Name(s):		Relationship to Child:
Address:	City:	Postal Code:
Email Address:		
Home Phone:	Cell:	Work:

<p>GETTING TO KNOW YOUR CHILD – This information will help us begin to understand your child, which will help us find a good Study Buddy.</p> <p>Why does your child want a Study Buddy?</p> <p>What are your child's most and least favourite school subjects? Are there any school subjects that you would like your child to focus on with their Study Buddy?</p> <p>Is there anything you would like us to be aware of that would assist us in finding the right Study Buddy for your child?</p> <p>When works best for your child to meet virtually (via Zoom) with their Study Buddy (outside of school hours)? For example: "Monday or Wednesday evenings," "Saturday or Sunday mornings"</p>												
<p>Please check any of the following characteristics that describe your child:</p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Friendly</td> <td><input type="checkbox"/> Withdrawn</td> <td><input type="checkbox"/> Outgoing</td> <td><input type="checkbox"/> Active</td> </tr> <tr> <td><input type="checkbox"/> Shy</td> <td><input type="checkbox"/> Helpful</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/> Friendly	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Active	<input type="checkbox"/> Shy	<input type="checkbox"/> Helpful	<input type="checkbox"/>	<input type="checkbox"/>				
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YOUR INVOLVEMENT - Although you do not have to be involved in any way, the following options are available to you:

- I would you like to be present (on Zoom) when my child meets their Study Buddy for the first time.
**This happens at the first session of the program.*
- I would like to receive a copy of the child safety training materials that will be presented to my child.
- I would like to receive updates about the Study Buddy relationship periodically throughout the program.
**This usually happens via email, but can also be done over the phone if preferred.*

MEDIA RELEASE

Any photographs (i.e. screenshots) or video productions taken of my child by agency staff during the Study Buddy program may be used by the agency for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and web pages, such as agency website and social media, and grant proposals/reports. Photographs or video productions may also be shared with community and school partners for program promotion.

Please check only one of the two options below:

- I agree** with the *Media Consent* release above OR
- I do not agree** with the *Media Consent* release above

INFORMED CONSENT (Study Buddy) – PARENT/GUARDIAN

I hereby make formal application to Big Brothers Big Sisters of Central and Southern Interior of BC 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 assistance with schoolwork, friendship, and support. I understand that all efforts will be made to select a Study Buddy who is compatible with my child. In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Central and Southern Interior of BC, 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 Big Sisters of Central and Southern Interior of BC, with my child's Study Buddy so that my child's needs in a Study Buddy relationship may be best met. I understand that I am under no obligation to accept a Study Buddy for my child, that the Agency is under no obligation to provide my child with a Study Buddy, and that this application is the property of Big Brothers Big Sisters of Central and Southern Interior of BC. I also agree that my child will participate in the Pre-Match Training Program administered by Big Brothers Big Sisters of Central and Southern Interior of BC.

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 Study Buddy 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.

Parent/Guardian Signature

Date