Big Sisters
OF BC LOWER MAINLAND

Child/Youth Referral Form

1:1 Mentoring Program

Referral Form Instructions:

Save this document to your computer, fill it out and email it to info@bigsisters.bc.ca.

Questions? *Call 604.873.4525*

Note to Referring Workers: *Please have the parent/guardian of the youth you are referring to the 1:1 Mentoring Program read this letter and sign in the space indicated on page 5.*

Dear Parent/Guardian,

Thank you for your interest in the 1:1 Mentoring Program! The 1:1 Mentoring Program matches Lower Mainland girls, non-binary, transgender and gender-diverse youth (aged 7-17) with a volunteer mentor in a one-to-one mentoring relationship.

Our volunteer mentors are 19 years or older and undergo a criminal record check, in addition to providing references. They receive training in child safety, adhering to National Standards, and are screened and monitored by our professional staff. The staff offers support, care, and mandatory check-ins for the caregiver, youth, and mentor throughout their involvement with the program.

Before you fill out this referral form, please:

→ Make sure your child meets the criteria to be in the 1:1 Mentoring program. **YES, they are:**

- ✓ Between the ages of 7 and 17
- ✓ A Lower Mainland resident (Vancouver, Richmond, North/West Vancouver, Burnaby, Coquitlam, Port Coquitlam, Port Moody, New Westminster, Surrey/White Rock, Delta, Tsawwassen, Ladner)
- ✓ Interested in being matched with a caring, adult mentor
- ✓ Able to meet the minimum time commitment (2-4 hours once a week for a minimum of one year for Big Sisters program, one hour once a week for a minimum of six months for Study Buddy program)

→ Make sure you meet the criteria for your child to be a Mentee in the 1:1 Mentoring Program. **YES, I am:**

- ✓ Supportive of and interested in my child being involved in this program
- ✓ Able to ensure my child meets the minimum time commitment
- ✓ Able to meet my responsibility of maintaining regular contact and participation with the Big Sisters agency
- ✓ Aware that the matching process can take approximately 6 to 12 months before my child can be paired with a mentor

Please fill out the attached referral form and email it to info@bigsisters.bc.ca.

Thank you for your interest in Big Sisters — we look forward to meeting you!

Stay connected with us @BigSistersBCLM!

Big Sisters of BC Lower Mainland
200-5118 Joyce Street, Vancouver, BC V5R 4H1
P: 604-873-4525 E: info@bigsisters.bc.ca

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The information you provide on this form will be maintained as a confidential, secure record. Please fill out this form as thoroughly as possible as the information you provide us with is crucial to helping us find the best possible Big Sister for the child. If sections are unknown, one of our caseworkers can review them with the parent/guardian during their interview. Please inform us of changes to address/phone numbers.

Child's First Name _____ Child's Last Name _____

Home Ph. _____ Child's Cell Ph. _____

Child Email _____

Parent Cell Ph. _____

Parent Email _____

Street Address _____

Buzz Number (if applicable) _____

City _____ Postal Code _____

Child's Birth Date (mm/dd/yyyy) _____ Age _____ Born in Canada? ☐ Yes ☐ No - where? _____

Language spoken most at home _____ Other languages *(incl. sign language)* _____

Ethnocultural Identity _____

Other lived identities you would like to share: _____

Medical Information

Child's Care Card # _____

Medical Notes and Treatments (allergies, medical issues, etc. that we should be aware of:)

Family Information - *For statistical purposes only, names will not be used*

Is your family experiencing financial hardship? ☐ Yes ☐ No ☐ Choose not to disclose

Additional details: _____

*** Please email your completed application to info@bigsisters.bc.ca ***

Who does the child live with?

☐ Single Parent Female ☐ Single Parent Male ☐ Grandparent(s) ☐ Lives with both Biological Parents

☐ Two Parent Blended Family ☐ Foster Parent(s) ☐ Adoptive Parent(s) ☐ Group Home

☐ Transient ☐ Kinship Care ☐ Living Independently ☐ Other

Is the child in the care of the Ministry of Children & Family Development? ☐ Yes ☐ No

If "**Yes**": ☐ In Care -Permanent ☐ In Care - Temporary

Primary Caregiver

Full Name _____ Lives with child? ☐ Yes ☐ No

Relationship to Child:

☐ Mother ☐ Father ☐ Family Member ☐ Worker/MCFD ☐ Other

Legal guardian? ☐ Yes ☐ No

Home Ph._____ Cell Ph. _____

Email_____ Alternate Email _____

Work Ph. _____ Can we call you at work? ☐ Yes ☐ No

Preferred method of contact: ☐ Any ☐ Work Phone ☐ Email ☐ Home Phone ☐ Cell Phone

Street Address_____

City_____ Postal Code _____

Describe the primary caregivers comfort level in communication in English:

_____

Other Caregiver

Full Name _____ Lives with child? ☐ Yes ☐ No

Relationship to Child:

☐ Mother ☐ Father ☐ Family Member ☐ Worker/MCFD ☐ Other _____

Legal guardian? ☐ Yes ☐ No

Home Ph._____ Cell Ph. _____

Email_____ Alternate Email _____

Work Ph. _____ Can we call you at work? ☐ Yes ☐ No

Preferred method of contact: ☐ Any ☐ Work Phone ☐ Email ☐ Home Phone ☐ Cell Phone

Street Address_____

City_____ Postal Code _____

Emergency Contact Information *(please list someone other than the primary caregiver)*

Full Name_____ Relationship to Child _____

Phone_____ Alternate Phone _____

School

Child's School_____ Grade _____

Teacher/Counsellor_____ Phone _____

Referral

Is this referral made by a family member? ☐ Yes ☐ No If "**No**", please fill out the information below.

Name of referring agency/school_____

Name of referring worker_____ Position _____

Phone_____ Email _____

Professional Involvement

Is the child/child's family involved with the Ministry of Children & Family Development? ☐ Yes ☐ No

Please list all agencies and workers involved with the child/family:

Agency_____ Worker_____ Phone_____

Agency_____ Worker_____ Phone_____

Agency _____ Worker_____ Phone_____

Program Selection *(Please note: A child can only be referred to one program at a time. Selecting a particular program does not guarantee a faster match.)*

☐ Big Sisters Program (Matched based on similar interests and lived experiences. Mentor and mentee enjoy fun activities in the community.)

☐ Study Buddy Program (Matched based on educational support that the youth needs. Mentors provide academic support, help set and achieve educational goals.)

Additional Information *(this information will help us make a better match for your child and be kept confidential)*

Have you talked to the child about having a mentor? How do they feel about it?

Why do you think this child would benefit from having a Big Sisters mentor?

Holistic Family Disclosure

Please feel free to disclose any additional information about your child or your family that you believe will provide us a better understanding of your child's needs, challenges and stresses.
This information is kept within the agency as per the confidentiality agreement.

Please feel free to share any additional information about your child or your family that highlights your child's unique strengths, talents, and positive qualities. Providing insights into their accomplishments, interests, and areas where they shine will help us better understand how to support and nurture their growth and development.

PLEASE NOTE:

1. Mentors are community volunteers who agree to spend quality time with a child. They do not have specialized training to deal with some complex issues faced by children. A caseworker will phone you to determine if the Big Sisters Program is appropriate for the child as we are not able to find suitable matches for all children who are referred.

2. Our waitlist depends on a variety of factors such as where the child lives, their interests and the volunteers available, and so it may take 6 to 12 months before the child is matched with a mentor.

By printing my name below, I agree to my child being matched with a volunteer from Big Sisters of BC Lower Mainland. I understand that I will need to participate in mandatory phone and in-person meetings with a 1:1 Program Mentoring Coordinator throughout my child's match.

Name of Parent/Guardian _____ **Date** _____

Signature _____

*** Please email your completed application to info@bigsisters.bc.ca ***

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Parent/Guardian Consent Form

I hereby make formal application to Big Sisters of BC Lower Mainland ("Agency") to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible, adult volunteer (minimum age 19) with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a volunteer mentor who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by Big Sisters of BC Lower Mainland, 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 consent to Big Sisters of BC Lower Mainland contacting any referring professionals involved with my family to obtain information for the purposes of assessing my application for a Mentor for my child. I further agree that all or part of the information herein may be shared, at the discretion of Big Sisters of BC Lower Mainland, with my child's mentor and/or with the referring professional, so that my child's needs in a mentoring relationship may be best met. 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 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 Sisters of BC Lower Mainland. I also agree that I and my child will participate in the Pre-Match Training Program administered by Big Sisters of BC Lower Mainland.

I have read and understand this agreement. By printing my name below and signing this agreement, I acknowledge that:

I,_____, the parent/guardian of _____
hereby request Big Sisters of BC Lower Mainland's 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_____.

Name of Parent/Guardian _____

Signature _____

Note: Release to share information with other professionals will expire within one year of the above date.

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Media Consent Form

RE: _____
Name of Child

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Sisters BC Lower Mainland 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.

In the two sections below, please indicate whether or not you give consent for us to (1) use photos/recordings of your child, and (2) use her first name for publication.

1. **Photographs & Audio/VideoRecordings**

☐ I give consent for photos and audio/video recordings of my child to be taken and used to publicize the work of Big Brothers Big Sisters of Canada (National Office) and Big Sisters of BC Lower Mainland.

☐ I do not give consent for photos and audio/video recordings of my child to be taken and used to publicize the work of Big Brothers Big Sisters of Canada (National Office) and Big Sisters of BC Lower Mainland.

2. **First Name** *(Big Sisters does not release last names of mentees)*

☐ I give consent for my child's first name to be used to publicize the work of Big Brothers Big Sisters of Canada (National Office) and Big Sisters of BC Lower Mainland.

☐ I do not give consent for my child's first name to be used to publicize the work of Big Brothers Big Sisters of Canada (National Office) and Big Sisters of BC Lower Mainland.

Note: It is the parent/guardian's responsibility to notify Big Sisters of BC Lower Mainland if the status of this media consent changes.

Name of Parent/Guardian_____ **Date**_____

Signature _____