

Parent Permission Form for use in BBBS School Based/Site Based Mentoring Programs

Dear Parent/Guardian: Your child has the opportunity to participate in the School/Site Based Mentoring program of Big Brothers Big Sisters. In the program a child is "matched" with a volunteer Big Brother or Big Sister. The volunteer will visit once a week to spend about one hour with your child reading, working on schoolwork, playing games, sports, etc. This program allows your child to meet with his/her volunteer mentor at the site location (such as your child's school) during their hours of operation **ONLY**. A Site Based match is not to leave the site location. If you would like your child to have this opportunity, please fill out the permission slip below and return it to the school as soon as possible.

Child's Full Name		Male / Female (circle one)		Child's Date of Birth		Race	
School Name		School District		Grade		Student ID#	
Parent/Guardian Name		Relationship to Child		Parent/Guardian Place of Employment			
Annual Household Income		Email Address					
Address		City		Zip		County	
Home Phone		Work Phone		Cell Phone			
Child lives with: (<i>list all in home & relation to child</i>)				Does your child receive a Free/Reduced School Lunch?		Yes ___ No ___	
Please, tell us a little about your home environment:							

Volunteer Characteristics: Please explain if you have any preferences on the following characteristics of a Volunteer who may be matched with your child as a Big Brother or Big Sister.			
Race/ethnicity of the volunteer:		Marital status of the volunteer:	
Religion/faith of the volunteer:		Age of the volunteer:	
Sexual orientation of the volunteer:		Any other preferences about the volunteer:	

Big Brothers Big Sisters is supported by grants and other forms of funding that require the following information:			
1. Does your child have a family member who is <u>currently</u> (circle all that apply): Incarcerated on Parole on Probation			
a. Please indicate who: _____			
2. Does your child have a parent/ stepparent/ guardian that is in the military?		Yes	No
a. If yes, what is the status? (circle all that apply)		Active Duty	Deployed Deceased Retired Veteran
3. Has your child ever failed the STAAR test?		Yes	No
4. Has your child ever had any involvement with the Juvenile Justice System?		Yes	No
5. Has your child had problems with truancy in the past?		Yes	No

I give permission (1) for my child to participate in the Big Brothers Big Sisters Program; (2) for the school to provide social, academic, and other information/ records about my child to Big Brothers Big Sisters that are useful or necessary in assessing, planning or implementing educational interventions by BBBS staff (e.g. report cards, phone numbers, STAAR/ EOC exams/ standardized test scores, attendance records, behavior reports/ referrals, ARD meeting documentation, counselor and teacher reports, special education referrals and tests, free/reduced lunch status, etc.); (3) for BBBS to disclose information to school representatives for the purpose of assessing, planning or implementing educational interventions (e.g. identifying information such as name, school ID, and social security number); (4) to have my child complete a questionnaire containing questions about school, home life, and personal interests; (5) to have my child talk with a Big Brothers Big Sisters staff person about personal safety; (6) for my child to communicate with their volunteer over the phone, mail and/or via email (as approved by my child's ISD if child is part of School Based program); and (7) to Big Brothers Big Sisters for release of information regarding my child participating in the following**: Photographs, TV & Movies and General Information.

****Big Brothers Big Sisters incorporates photographs, slides, films, television/radio tapings, and/or pictures for the sole purpose of promoting the agency in the media on local and/or national broadcasting affiliates.**

I understand that no fees are charged for requesting a volunteer, and there is no guarantee my child will be accepted and/or matched. I recognize that the volunteer assumes no legal or financial liability for my child. I also understand that by signing this form I am giving permission for my son/daughter (minor child named above) to participate in the program and activities of Big Brothers Big Sisters, and in connection with such participation, that he/she be assigned a volunteer Big Brother or Big Sister. In consideration of my child being permitted to participate in the program and activities of the agency, I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her parent/guardian. I understand and consent to that in order for Big Brothers Big Sisters Lone Star (BBBSLS) to provide responsible and professional services, it is necessary for clients and parent/guardians of clients to disclose personal information.

I understand and consent to that all records are considered property of the agency, not of agency staff, clients, parent/guardians, volunteers or other authorized persons or representatives; information from the application, interview process, or match support process may be shared between BBBS, schools, and partnership agencies when applicable. I understand that personally identifiable information of students which is obtained from education records provided by any school district or school will only be used or re-disclosed by BBBS or its authorized representatives in accordance with requirements of the Family Educational Rights and Privacy Act (FERPA). Such information may not be re-disclosed to any third party (except back to the school district or school) without prior written consent of the school district or school, the parent or eligible student. Such information may not be used for any purpose other than the purpose stated in the agreement with the school district or school pursuant to which the information was obtained, and will only be disclosed to those authorized representatives of BBBSLS who have a legitimate interest in the program pursuant to which the information is provided.

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program. I understand that Big Brothers Big Sisters does not exclude Clients, Parents/Guardians, Volunteers, Staff or Board Members on the basis of race, color, national origin, gender, gender identity, marital status, sexual orientation, veteran status, religion, or disability.

Parent/Guardian Signature _____ Date _____