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Study Buddy Program Referral Form

Application Instructions:

Please save this document to your computer,
fill it out and email it to info@bigsisters.bc.ca.
Questions? Call 604.873.4525 ext 300.

Note to Referring Workers: Please have the parent/guardian of the girl you are referring to the Study Buddy Program read this letter and sign in the space indicated on page 3.

Dear Parent/Guardian,

Thank you for your interest in Big Sisters' Study Buddy Program! The Study Buddy Program matches girls (ages 7-17) with volunteer tutors who offer the girls educational guidance and support. For a minimum of 6 months, Study Buddy matches meet for one hour a week to work on the Little Sister's school work and help her reach her academic goals. Tutoring sessions take place at a mutually agreeable location after school or on weekends (i.e. local library).

Our volunteer Study Buddy tutors are age 19 or older and provide us with a criminal record check and references. They are trained in child safety and screened and monitored by our professional staff 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 Study Buddy program. **YES, she is:**
 - ✓ 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 of 1 hour once a week for 6 months;
 - ✓ Able to demonstrate a need for academic support;
 - ✓ From a family who cannot access one-to-one tutoring due to financial constraints.

- ➔ Make sure you meet the criteria for your child to be a Little Sister Study Buddy. **YES, I am:**
 - ✓ Supportive of and interested in my child being involved in this program;
 - ✓ Able to ensure my child can meet the minimum time commitment of 1 hour/week for 6 months;
 - ✓ Able to meet my responsibility of maintaining regular contact with the Big Sisters agency.

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

Thank you so much for your interest in the Study Buddy Program — we look forward to meeting you!

Sincerely,

Big Sisters of BC Lower Mainland

P.S. Would you like more information? Contact us at 604.873.4525 ext. 300 or info@bigsisters.bc.ca.

P.P.S. Check out our Big Sisters Video at <http://bit.ly/mqpHmf>.



Study Buddy Program Referral Form

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 Study Buddy for the child. If sections are unknown, a caseworker can review them with the parent/guardian at the screening interview. Please inform us of changes to address/phone numbers.

The girl you are referring to the Study Buddy Program must meet the following criteria:

- ✓ She must be between the ages of 7 and 17;
- ✓ She must need academic support, and
- ✓ She must be unable to access tutoring through other agencies due to family financial constraints.

CONTACT INFORMATION

Child's Full Name _____ Date of Birth _____

Street _____ City _____

Postal Code _____ Home Phone _____

Parent Cell Phone _____ Child Cell Phone _____

Parent Email _____ Child Email _____

Who does the child reside with? _____

Does the family have financial constraints which don't allow them to access other tutoring services? Yes No

First language of child and parent/guardian _____

Parent/guardian's ability to communicate in English: Good Somewhat Poor

Mother's Name _____ Father's Name _____

Mother's Place of Employment and Contact _____

Father's Place of Employment and Contact _____

GUARDIAN/FOSTER PARENT INFORMATION (if different from above)

Guardian's Full Name _____

Relation to Child _____ How long child has been with you _____

Home Phone _____ Cell or Work Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relation to Child _____

Main Contact Number _____ Secondary Contact Number _____

SCHOOL INFORMATION

Child's School _____ Grade _____

Teacher/Counsellor _____ Phone Number _____

REFERRING WORKER / SOCIAL WORKER (if applicable)

Name _____ Position _____

Agency _____ Email _____

Address _____ Phone _____

Type of Agency: MCFD School Aboriginal Mental Health Other _____

FAMILY CONCERNS THAT HAVE AFFECTED THE CHILD

- Divorce/separation Child and/or family has moved frequently
- Death of a family member FASD
- ADD/ADHD Bullying
- Hyperactive Autism
- Sexual orientation/confusion School problems ➔ Academic Problems with friends
- Drug/alcohol abuse ➔ By the child By parent(s)/guardian(s) By other family member
- Physical abuse ➔ Of the child Of a parent/guardian Of another family member
- Sexual abuse ➔ Of the child Of a parent/guardian Of another family member
- Involvement with police (specify) _____
- Illness of child/family member (specify) _____
- Learning disability (specify) _____
- Behaviour problems (specify) _____
- Other disability (specify) _____
- Other concerns (specify)

Why do you feel this child would benefit from having a Study Buddy tutor? (attach separate page if needed)

PLEASE NOTE: (1.) Study Buddies 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 Study Buddy Program is appropriate for your 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 and it may take a few months before the child is matched.

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 Big Sisters caseworker throughout my child's match.

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

Signature of Parent/Guardian: _____
(Attach digital signature or click on red flag to create one)