



Study Buddy Referral Form

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 ext 300

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

Dear Parent/Guardian,

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

Our volunteer Study Buddy tutors are age 19 or older and provide us with a criminal record check and three 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, 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 Westminister, 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
- ➔ 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 meets the minimum time commitment of 1 hour per 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!



Stay connected with us @BigSistersBCLM!

Big Sisters of BC Lower Mainland 34 E. 12th Avenue, Vancouver, BC V5T 2G5
P: 604-873-4525 ext. 300 F: 604-873-2122 E: info@bigsisters.bc.ca



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, 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 _____

Buzzer 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) _____

Ethnic Identity (Put a "Y" beside the ONE that best describes the child's ethnicity. **Optional - for statistical purposes only.**)

- Indigenous African North American Western European
- Eastern European Latin American Pacific Islands Caribbean
- Middle Eastern Chinese Japanese Filipino
- Korean South Asian South East Asian Not Listed

If you selected "Not Listed" please describe: _____

Medical Info

Child's Care Card # _____

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

Family Information

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

If "Yes": In Care – Permanent In Care - Temporary

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 Parents Group Home Transient Kinship Care Living Independently

Primary Caregiver

Full Name _____ Lives with child? Yes No

Relationship to Child:

Mother Father Family Member Worker/MCFD Other _____

Are you a 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 communicating in English: _____

Do you have access to an available translator? _____

Other Caregiver

Full Name _____ Lives with child? Yes No

Relationship to Child:

Mother Father Family Member Worker/MCFD Other _____

Are you a 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 being made by a family member? Yes No If "No", please fill out the information below.

Name or 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 _____ Ph _____

Agency _____ Worker _____ Ph _____

Agency _____ Worker _____ Ph _____

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

(Optional - for statistical purposes only)

Is the child's family considered to be low-income? Yes No

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 Study Buddy tutor?

Holistic Family Disclosure

Please feel free to disclose any additional information about your child or your family that you believe will provide us with a better understanding of your child's needs, challenges and stresses.

This information is kept within the agency as per the confidentiality agreement.

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 Mentoring 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 will likely take a few 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 Big Sisters caseworker throughout my child's match.

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

Signature _____

(Attach digital signature or click on red flag to create one)



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____.

Parent/Guardian Name _____

Signature _____
(Attach digital signature or click on red flag to create one)

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



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/Video Recordings

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