Dear Parent or Guardian:

Thank you for your inquiry on enrolling your child in the Big Brothers Big Sisters Program. Please review our program fact sheet on the reverse side of this letter.

Enclosed you will find an application. Please complete it as instructed, and return it to our office as soon as possible. Once we have received your completed application, an interview will be scheduled for both of you, in order to determine the best possible volunteer for your child.

Thank you for your interest in our program. We look forward to meeting you soon. If you have any questions, please call us at (724) 843-4600. Ext. 32

Sincerely,
Bev Evans
Match Support Specialist

/enclosures

P.S. If we do not receive your completed application(s) back within 10 days, we will assume that you are no longer interested in enrolling your child(ren) in our program.
THE PROGRAM:
Big Brothers Big Sisters of Beaver County assists children facing adversity in reaching their potential through professionally supported dynamic, one-to-one relationships. Children from homes that lack the involved and supportive participation of one or both parents are matched with stable and caring volunteers who provide positive examples, guidance, new experiences, and practical help with schoolwork. The agency also provides group activities such as seasonal parties and field trips.

THE VOLUNTEERS: “Big Brothers,” “Big Sisters,” and “Big Couples”: Big Brother, Sister, and Couple (married couples who volunteer together and are matched with one child) volunteers must be at least 18 years of age; have a valid driver’s license; have access to an insured, reliable means of transportation; be emotionally mature and stable; reside within Beaver County or nearby; and be able and willing to commit to seeing their assigned child for an average of two or three hours on a weekly or semi-weekly basis for 18 months.

THE CHILDREN AND YOUTH: “Little Brothers” and “Little Sisters”: Eligible children aged 6 through 12, must reside in Beaver County within a home that lacks the involved and supportive participation of one or both parents. Referrals are accepted from parents, schools, or agencies.

THE COST: There is no cost for participating in Big Brothers Big Sisters. Once matched, no-cost or low-cost activities are encouraged.

THE APPLICATION PROCESS:

CHILD
- Application Completed
- Parent & Child are Interviewed Separately by Caseworker in Their Home
- Collateral information obtained (i.e. school reports, mental health assessments, etc…)
- If Accepted, Child is Placed on the Ready to be Matched List

VOLUNTEER
- Application Completed
- 3 Character References Obtained
- Local, State and Federal Background Checks Obtained
- Orientation/Interview at Office
- Act 33,34 Clearances Obtained
- If Accepted, Volunteer is Placed on the Ready to be matched List

HOW MATCHES ARE MADE: Matches are made according to compatibility, shared interests, and geographic location. Once assigned, matches are supported by professional Case Managers and Match Support Specialists.

Rev. (10/2018)
Little Brother/Sister Application *(Please include a recent picture of your child)*

Child’s Name: ___________________________ Birthdate: ___________________________

Gender: Male ( ) Female ( ) Race: _______________ Parent/Guardian Name: _______________

Are you the natural parent of this child? Yes ( ) No ( ) **If no, please complete the reverse side of this sheet.**

Address: ___________________________ City: ___________________ State: PA Zip Code: _______

Home Phone: __________________________ Cell Phone: __________________________

Email Address: __________________________________________________________

Place of Employment: ______________________________________________________

Can we contact you at work? Yes ( ) No ( ) Work Number: __________________________

Name of Child’s School: ___________________________ Grade: _______

In the event of an emergency if you are unable to be reached who would you like us to contact?

Name: ___________________________ Phone Number: __________________________

Relationship to the child: ___________________________ Address: ___________________________

Child’s Health Insurance Carrier: ___________________________

Check all that applies: ___ State Health Insurance ___ Military Health Care ___ Direct Purchase ___ Employment based ___ Medicaid

(Chip) (Gateway, UPMC for U, etc.)

Absent Parent’s Name: ___________________________ ___ Living ___ Deceased ___ Incarcerated

Does your child have a parent currently serving in the military? Please Circle: Yes ( ) No ( )

Do you feel that your child has any conditions that will affect him or her relating to a Big Brother/Sister? Please list any counselors or therapists your child is currently seeing or has seen in the past.

You grant permission to use your child’s photograph and first name for the purpose of publicity efforts by BBBS. Please Circle: Yes ( ) No ( )

In signing this application, I give my permission to Big Brothers Big Sisters of Beaver County, to contact other agencies or schools, which may share information that could be helpful in working with my child.

Signature ___________________________________________ Date __________________________

-----------------------------------------------

(OVER)
Number of Family Members: _______________
Please Check: ___ Rent ___ Own Home  Annual Income $____________________

**Source of Income:** (check all that applies)
___ Employment
   ___ Part Time ___ Full Time Employment ___ Retired
___ Employment and Other Income Source
___ Employment and Other Income Source and Non-Cash Benefits
___ Income from Employment and Non-Cash Benefits
___ Non-Cash Benefits Only
___ No Income
___ Other Income Source Only
___ Other income and Non Cash Benefits

**Other Income:** (check all that applies) ___ Welfare ___ TANF ___ SSI ___ SSD ___ EITC
___ Social Security ___ Worker’s Compensation ___ Pension ___ Child Support
___ Retirement Income from Social Security ___ Alimony or Spousal Support ___ VA Disability
___ Private Disability Insurance ___ Unemployment Insurance

**Non Cash Benefits:** (check all that applies) ___ SNAP ___ EWIC ___ LIHEAP
___ HUD-VASH ___ Public housing ___Other: (please specify) ____________________________

Does your child currently receive free/reduced lunches? Please Circle: Yes No

"By my signature, I recognize that I am self-declaring my income and income sources to the best of my knowledge. I understand that this information will need to be updated with the BBBS office every 90 days or yearly if proper documentation is provided"

Signature ___________________________ Date __________________

**Statement of Non-Discrimination:** Big Brothers Big Sisters of Beaver County does not discriminate based on religion, sex, race, or national origin.

---

**CUSTODY VERIFICATION**

I, __________________________, verify that I have custody of __________________________

______ Custody order granting me physical and legal custody
______ Order appointing me as Guardian
______ Written permission from parents
______ Other

I have no documentation establishing that I have legal custody of __________________________.
The circumstances under which I have physical custody of this child are __________________________

_________________________________________________________________________________

_________________________________________________________________________________

I verify that I have proper authority and/or permission from the child’s parent to enroll the child in the Big Brothers Big Sisters of Beaver County Program.

This statement and verifications is made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn fabrications to authorities, which provide that if I knowingly make false averments I may be subject to criminal penalties.

Date: ___________________________ Print Name ___________________________