



**BOYS & GIRLS CLUB
OF MERIDEN**

BIG BUDDY ⚡ LITTLE BUDDY PROGRAM

Big Buddy Application Packet



Title: Big Buddy

Reports To: Mentor Program Director

Location: 15 Lincoln Street, Meriden CT 06450

Hours: 1 Hour/Week

The Boys & Girls Club of Meriden's Big Buddy ⚡ Little Buddy Program strives to develop enduring, trusting relationships between Meriden High School Students and Boys and Girls Club Members. The Big Buddy ⚡ Little Buddy Program uses volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming a Big Buddy, you can help the youth develop and reach positive behavior, social, academic, and personal goals.

Mentor Role:

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them
- Make a one-year commitment
- Spend a minimum of four hours per month one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial one-hour training session (with Pizza!!)
- Attend optional mentor/mentee group events, mentor support groups, and program recognition events

Participation Requirements:

- Be at least a High School Junior or Senior
- Reside in the Meriden area
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments

For more information, contact Boys & Girls Club of Meriden Mentoring Program at 203-558-4353 or EMulligan@BGCMeriden.org



- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities
- Have a clean criminal history
- No use of illicit drugs
- No use of alcohol or controlled substances
- Not currently in treatment for substance abuse

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits

- Fulfill required community service hours
- Personal fulfillment through contribution to the community
- Satisfaction in helping someone mature, progress, and achieve goals
- Fun group activities, complimentary tickets to community events and outings
- Signed letter from a Boys and Girls Club of Meriden Executive

Application and Screening Process

- Complete written application
- Undergo criminal history check: state, child abuse and neglect registry, sexual offender registry (if over age of 18)
- Complete a personal interview with Director of Mentor Programs
- Provide a referral from a teacher
- Attend one-hour mentor training
- Obtain parental permission



Big Buddy ⚡ Little Buddy application checklist:

- Application
- Contract
- Referral from Teacher
- Big Buddy Interest Survey
- Copy of most recent report card



BOYS & GIRLS CLUB
OF MERIDEN

BIG BUDDY LITTLE BUDDY

Mentor Program

Big Buddy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ Email _____

Is it ok to send texts to this phone? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Availability

Preferred Mentoring Day (Mon- Fri): Choice 1: _____ Choice 2: _____

Best Time of Day (check all that apply): Afternoon _____ Evening _____

Education

**for matching purposes*

High School: _____ Address: _____

From: _____ To: _____ Expected graduation date: _____



BOYS & GIRLS CLUB
OF MERIDEN

BIG BUDDY ⚡ LITTLE BUDDY

Mentor Program

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Current Employment (if applicable)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Personal Statement

Why do you want to be a mentor in the Boys and Girls Club Big Buddy ⚡ Little Buddy Program?

Please describe special interests or hobbies that may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, painting, etc.)



Disclaimer and Signature

Mentor Release Statement

I, the undersigned, hereby state that if accepted as a Big Buddy, I agree to abide by the rules and regulations of the Big Buddy ⚡ Little Buddy Program at the Boys & Girls Club (hereafter known as the "Club"). I understand that the program involves spending a minimum of one hour per week with your Little Buddy. Further, I understand that I will attend a training session, keep in regular contact with my Little Buddy and communicate with staff regularly during this period. I am willing to commit to one year in the program.

I have not been convicted of (a) any felony of any kind, or any misdemeanor involving (b) harm or threat of harm to another person, (c) controlled substances, (d) acts of a sexual nature, or (e) cruelty to animals. I am not under current indictment. Further, I hereby fully release, discharge and hold harmless the Club, participating organizations and all their employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Big Buddy ⚡ Little Buddy Program.

I understand that the Club staff reserves the right to terminate a Big Buddy from the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a Big Buddy from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature: _____

Date: _____

Parent/Guardian
Signature: _____

Date: _____



Big Buddy Contract

By choosing to participate in The Boys and Girls Club of Meriden Big Buddy ⚡ Little Buddy Program, I agree to:

- Follow all rules and guidelines as outlined by the Program Director, Big Buddy Training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my Little Buddy succeed
- Make a one-year commitment to being matched with my Little Buddy
- Meet at least four hours per month with my Little Buddy
- Make at least weekly contact with my Little Buddy
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my Little Buddy at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the Program Director, and regularly and openly communicate with the program as requested
- Inform the Program Director of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my Little Buddy tells me confidential except as may cause him/her or others harm
- Participate in a closure process when the time comes to end the Big Buddy ⚡ Little Buddy relationship
- Notify the Program Director if I have any changes in address, phone number, or employment status
- Attend in-service mentor training sessions once per year
- Give permission for program staff to conduct a criminal background check

_____ (please initial) I understand that upon match closure, any future contact with my Little Buddy is beyond the control of the Boys and Girls Club of Meriden Big Buddy ⚡ Little Buddy Program and may happen only by the mutual consensus of the Big Buddy, the Little Buddy, and their parents/guardians.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the Program Director at this time or in the future.

Signature

Date

Parent/Guardian Signature

Date



Teacher Recommendation for Big Buddy ⚡ Little Buddy Program

*Please include this form in application packet and return it to:
 The Boys and Girls Club of Meriden
 15 Lincoln Street
 Meriden CT 06450*

Student Name: _____ Date: _____

Teacher Name: _____ Department: _____

Please rate the candidate on the following categories: (5= Excellent, 1=Poor)

Punctual to class and with assignments	1	2	3	4	5
Able to work well with others	1	2	3	4	5
Shows leadership qualities	1	2	3	4	5
Considered to be dependable and reliable	1	2	3	4	5
Refrains from gossiping	1	2	3	4	5
Shows a desire to learn and to improve	1	2	3	4	5
Has an overall good, positive attitude	1	2	3	4	5
Displays sympathy/empathy	1	2	3	4	5

Please describe why this student would be a good candidate for the Big Buddy ⚡ Little Buddy Program:

Teacher Signature _____ Date: _____



Big Buddy Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help the Big Buddy ⚡ Little Buddy Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your Little Buddy? Please check all that apply

After School Evenings

Please indicate age group(s) you are interested in working with:

Age: 6-8 9-10 11-12

Do you speak any languages other than English? If so, which languages?

Do you have special needs experience? If so, please specify the special needs experience you have had in the past.

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is one goal you have set for the future?



If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

- | | | | | |
|----------------------------------|---------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Camping | <input type="checkbox"/> Science | <input type="checkbox"/> Cooking | <input type="checkbox"/> Library/Reading |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Boating | <input type="checkbox"/> Music | <input type="checkbox"/> Sports | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Gardening | <input type="checkbox"/> Parks | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Painting | <input type="checkbox"/> Board Games | <input type="checkbox"/> Shopping |

List any other areas of special interest: