

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB
of Meriden

The Joseph F. Coffey Boys & Girls Club of Meriden – 15 Lincoln Street – Meriden, CT 06451 – Tel: 203-235-8185 – FAX: 203-686-1029 – www.bgcmeriden.org

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Boys & Girls Club of Meriden
Mentor Program
15 Lincoln Street,
Meriden, CT 06450

To the parents/guardians of: _____

Your son/daughter has been referred to participate in the Boys & Girls Club of Meriden Big Buddy ⚡ Little Buddy Program that matches a qualified high school student with a youth to serve as a one-to-one Big Buddy.

The Big Buddy role is that of a friend, coach, and guide. A Big Buddy would meet with your son/ daughter (Little Buddy) once a week for a year and take personal interest in the growth and development of your son/daughter.

We hope that you will grant permission for your son/daughter to participate in the program. The Boys & Girls Club of Meriden will offer support and guidance for both the youth and mentors and will do our best to ensure the success of the relationship.

Please read and fill out the Application, Contact and Information Release, and Mentee Interest Survey. We encourage you to have the youth help complete the application materials. If you have any questions, please feel free to contact me. I look forward to hearing from you.

Sincerely,

Emily Mulligan
Director of Mentor Programs
Boys & Girls Club of Meriden
[15 Lincoln Street](http://15LincolnStreet.com)
[Meriden, CT 06451](http://Meriden,CT06451.com)
p. 203.558.4353
www.bgcmeriden.org



BOYS & GIRLS CLUB
OF MERIDEN

Our Mission:

To inspire and enable all young people, especially those who need us most to realize their full potential as productive, responsible and caring citizens



Big Buddy ⚡ Little Buddy application checklist:

- Application
- Little Buddy Contract
- Parent/Guardian Contract
- Little Buddy Interest Survey
- Release of Information



Applicant Information

Youth Name: _____ *Date:* _____
Last First M.I.

Parent/ Guardian Name: _____ *Date:* _____
Last First M.I.

Relationship to Youth: Mother Father Other, specify _____

Address: _____
Street Address Apartment/Unit #
_____ City State ZIP Code

Phone: _____ *Email* _____

Date of Birth: ____ / ____ / ____ Age: _____ Gender: Male Female

Ethnicity: White Hispanic African American Asian Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Application Questions

Please answer all of the following questions as completely as possible.

1. Why do you/your child want to participate in the Big Buddy ⚡ Little Buddy Program?



2. Briefly Describe your expectations for the Big Buddy ⚡ Little Buddy Program:

3. Is your child available to meet with a Big Buddy four hours per month and have contact at least once a week for a minimum of one year? Please explain any scheduling issues.

4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

5. Does your child have friends? Please describe his/her friendships.

6. Is your child currently having any problems either at home or school?

7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

8. Can you provide any additional background information that may be helpful to the Boys and Girls Club of Meriden in matching your son/daughter with an appropriate Big buddy?



Medical Information

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Disclaimer and Signature

The Boys & Girls Club of Meriden Big Buddy ⚡ Little Buddy Program appreciates you and your child's interest in his/her becoming a Little Buddy. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Big Buddy ⚡ Little Buddy Program.

Much of the information you supply in this application packet will be used to match your child with an appropriate Big Buddy. Therefore, the program staff may, at times, need to access and share this information with prospective Big Buddies and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the Little Buddy, parent/guardian, and Big Buddy based first upon anonymous information provided about each other.



Please initial the following

_____ I give my informed consent and permission for my child to participate in the Big Buddy ⚡ Little Buddy Program and its related activities.

_____ I agree to have my child follow all Big Buddy ⚡ Little Buddy Program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the Big Buddy ⚡ Little Buddy relationship.

_____ I hereby acknowledge that my child may be transported by Boys and Girls Club of Meriden staff or representatives while participating in the Big Buddy ⚡ Little Buddy Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Big Buddy ⚡ Little Buddy Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Big Buddy, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Big Buddy ⚡ Little Buddy Program to use any photographic image of my child taken while participating in the Big Buddy ⚡ Little Buddy Program. These images may be used in promotions or other related marketing materials.

I understand I must return all the following completed items along with this application, and that any incomplete information will result in the delay of this application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/ Guardian Signature

Date



Little Buddy Contract

To be Completed by the Little Buddy.

Name: _____ Date: _____

By choosing to participate in The Big Buddy ⚡ Little Buddy Program, I agree to:

- Follow all rules and guidelines as outlined by the program director, program policies, and this contract
- Have a positive attitude and be respectful of my Big Buddy
- Make a one-year commitment to being matched with my Big Buddy
- Meet at least four hours per month with my Big Buddy
- Contact my Big Buddy at least once a week
- Be on time for scheduled meetings or call my Big Buddy at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program director, and regularly and openly communicate with the program director as requested
- Inform the program director of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program director if I have any changes in address or phone number

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

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



To be completed by the parent/guardian:

Name: _____ Date: _____

By allowing my son/daughter to participate in The Boys & Girls Club of Meriden Big Buddy ⚡ Little Buddy Program, I agree to:

- Allow my child to participate in the Boys and Girls Club of Meriden Big Buddy ⚡ Little Buddy Program and to be matched with a Big Buddy
- Follow and encourage my child to follow all rules and guidelines as outlined by the program director, program policies, and this contract
- Support my child in this match by allowing him to meet with his/her Big Buddy at least four hours per month and have weekly contact with him/her for one year
- Support my child being on time for scheduled meetings or have him/her call the Big Buddy at least 24 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program director as requested
- Inform the program director if I observe any difficulties or have areas of concern that may arise in the match relationship
- Participate in a closure process when that time comes
- Notify the program director if I have any changes in address or phone number
- Provide the program director with any updated health insurance information for my child

_____ (please initial) I understand that upon match closure, future contact between my child and his/her Big Buddy is beyond the control of the Boys and Girls Club of Meriden Big Buddy ⚡ Little Buddy Program and can happen only by the mutual consensus of the Big Buddy, the Little Buddy, and myself.

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



Little Buddy Interest Survey

To be Completed by the Little Buddy.

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 mentor? Please check all that apply

- After School Evenings

Do you speak any languages other than English?

If so, which languages?

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

What are your favorite subjects in school?

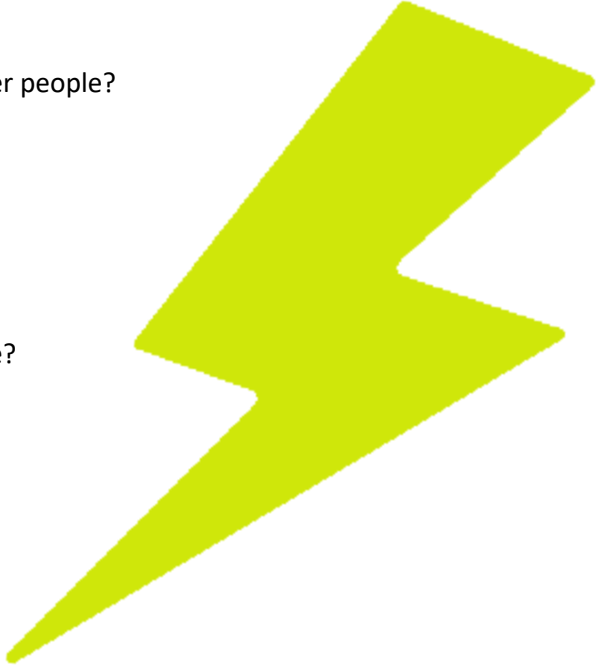
If you could learn about a job/career, what would it be?

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:



To be completed by the Parent/Guardian:

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for Boys & Girls Club of Meriden Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. The Boys & Girls club may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize The Boys & Girls Club of Meriden to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Name (printed) _____

Address _____ City _____ State _____ Zip _____