



**A.I.M. / High Five Mentor
Application / Update Information**

Grade _____ Lunch A B C Date _____

Lunch Preference: Buy___ Bring___ Reduced ___ Free___

Please provide the information below for Application or Update of information for the A.I.M. program.

Name: _____ Birthday: _____

Home Address: _____ City: _____ Zip: _____

**Email: _____ Home Phone: _____
Cell Phone: _____**

**Employer: _____ Work Phone: _____
Fax: _____**

Can we contact you at work: _____ Yes _____ No

Reference: _____

Reference Address: _____ City: _____ Zip: _____

How would like to be contacted?

- Email**
- Home Phone**
- Cell Phone**
- Work Phone**

What activities/organization do you participate in?

How did you hear about Big Brothers Big Sisters?

***For High School Applicant Only:**

**(PARENT) I give permission for my child to participate in
Big Brothers Big Sisters school program.**

Parents Signature

AGREEMENT FORM

Confidential Information

Information concerning you will be treated in a confidential manner. Services will be provided without regard to race, sex, religion, handicap, national origin or ancestry. You should discuss any complaints you might have with the agency and attempt to resolve the situation through informal means. You have a right to file a complaint if you have been unfairly denied or excluded from the program or, your request for services has not been considered, or the agency has not properly delivered its services. A written complaint should be filed within 30 days of the alleged act with the agency or with the Board of Directors, Big Brothers Big Sisters, 420 S. Michigan Suite D, Greensburg, IN 47240. The complaint will be investigated and if necessary a formal hearing will be held. You may be requested to appear at such a hearing and discuss the issue.

Agreement

The undersigned acknowledges and agrees that: 1) He/she is not obligated, if called upon to accept services herein applied for and that the Agency can only match a child when volunteers are available; and 2) As a part of the Agency's matching process, additional personal information will be elicited from the applicant/parent by professional agency personnel.

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and
- 5) As part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignments.
- 6) I agree to allow BBBS to use photograph(s) and brief description(s) of me for recruitment purposes, and hereby release BBBS from any and all liability, known or unknown in connection with such publication.
- 7) I agree to allow BBBS to share non-confidential information about me with match individuals.
- 8) This verifies that I have been presented child abuse prevention material.
- 9) I agree to allow BBBS to seek further information about my background from agencies within Decatur County.

Match Pledge Agreement

- 1) I agree to do my best to attend **90%** of the sessions and to call BBBS personnel in advance of my absence.
- 2) I agree to park in accordance to school policy and to sign in at the main office.
- 3) I agree to be on time and to wear my identification badge.
- 4) I agree to either buy a school lunch or to bring a simple brown bag lunch that will not affect the desire of my partner to eat his/her lunch.
- 5) I agree to do my best to develop a positive friendship with my partner and foster an atmosphere of teachable moments that encourage academic success.
- 6) I agree to limit my interaction with my partner to program sessions only.
- 7) I agree to complete and turn in the weekly feedback sheet.
- 8) I agree to communicate in a timely manner any concerns, problems or relevant information to BBBS on-site staff.

Mentor Signature _____ **Date** _____

Parent Signature (H.S. Applicants Only) _____ **Date** _____



Big Brothers Big Sisters
of Decatur County

A.I.M. / HIGH FIVE
Recommendation Form
(This form to be given to an adult.)

Applicants Name: _____ Date: _____

I, _____ know the above listed applicant and would recommend him/her as a mentor in the Big Brothers Big Sisters AIM / HIGH FIVE program.

I am not related to the applicant. My relationship is _____ as

The applicant will have lunch with an elementary student one time a week at the elementary school. Big Brothers Big Sisters staff will be on site at the elementary school each session to supervise the program and offer support.

To the best of my knowledge, participation as a mentor to an elementary age youth would benefit the elementary student. YES _____ NO _____

***All information will be held strictly confidential.**

Comments:

Signature _____ **Date** _____

Thank you for your participation.

Big Brothers Big Sisters Program Staff

Please return to:

1. High School Guidance Office (H.S. Applicants Only) or

2. Big Brothers Big Sisters of Decatur County

P.O. Box 301, Greensburg, IN 47240

Fax: 812-662-0456

Questions:

Phone: 812-663-7556

Email: bev@bbbsgreensburg.org

Big Brothers Big Sisters of Decatur County

Parental Consent Form
(High School Students Only)

I give consent for my Child _____ to volunteer in the AIM/High Five mentoring program. I understand that my child will be traveling from the high school to the elementary school **one time a week during their study hall/lunch hour.** Staff of Big Brothers Big Sisters will provide training and supervision. This **commitment** will begin in September and continue until May. I understand an elementary youth will be looking forward to my son/daughter meeting with them each week. They will **only** be allowed to miss AIM/High Five due to field trips, illness, college days, or excused school absence. Prior notification through email or phone will be required. Two unexcused absences a semester will result in dismissal from the program. I also understand that participation, as a mentor is a privilege and may be forfeited for academic, disciplinary, or other reasons.

The success of this program was developed because elementary students look up to High School students as mentors. Therefore, words spoken and actions displayed can have a great impact. Big Brothers Big Sisters believe in providing youth of all ages with positive experiences to build upon.

For this reason we desire to know if your child has involvement with the Juvenile Justice system? Please mark your answer, information will be kept confidential.

Yes _____ No _____

Comments: _____

Parent Signature _____ Date _____

(GREENSBURG HIGH SCHOOL ONLY)

Driving Permission Form

We will require permission for your son or daughter to drive / ride with another student, or drive another student to and from Greensburg High School to Greensburg Elementary School.

I give permission for my child _____ to Drive / ride with / drive with _____ to Greensburg Elementary School to participate in the AIM/High Five Program. I understand they will only be driving to Greensburg Elementary School and then back to Greensburg High School. I hereby release Big Brothers Big Sisters of Decatur County from any and all liability, known or unknown, in connection with such transportation.

Parent Signature: _____ Date: _____



High Five / A.I.M. Mentor Interview

Mentor Name: _____ **Date:** _____

1. What experience do you have working with youth? _____

2. What do you expect from your youth partner and from the program? _____

3. What type of feedback will help keep you motivated and engaged in the program? _____

4. What do you like most about your job/school? _____

5. How do you spend your free time? _____

6. Do you have any plans to make a school, job, career, or life change within the next year? _____
If yes, explain. _____
7. Check the words that describe you: ___Flexible___ ___Patient___ ___Shy___ ___Outgoing___ ___Punctual___
___Good Listener___ ___Athletic___ ___Musical___ ___Other___ _____
8. In what areas/subjects would you feel most comfortable helping a child?
___Language Arts (English/Reading)___ ___Getting along with others___ ___Science___
___Math___ ___Social Studies___ ___Other___ _____
9. Are there any situations (e.g. ADD, ADHD, history of abuse) involving a child you would not feel comfortable working with? _____
10. If a child is misbehaving how would you handle the situation or redirect them? _____

11. Would you be willing to work with a child of the opposite sex? ___yes___ ___no___

For Office Use Only:

Assessment: _____

Program Coordinator Signature _____