



**Big Brothers and Big Sisters  
Upper Fraser Valley**

Chilliwack . Agassiz . Hope

## Little Brother/ Little Sister/ Big Bunch Enrollment

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Postal Code \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Teacher \_\_\_\_\_ Language(s) Spoken \_\_\_\_\_

Parent/ Guardian #1	Parent/ Guardian #2
Name _____	Name _____
Home Phone _____	<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial <input type="checkbox"/> Absent
e-mail address _____	Address (if different) _____
Work Phone _____	City _____ Postal Code _____
Occupation _____	Home Phone _____
Employer(s) _____	Work Phone _____
Marital Status _____	Employer(s) _____

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address of Emerg. Contact \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Health Card # \_\_\_\_\_  
 Child's Doctor \_\_\_\_\_ Doctor's Office Phone \_\_\_\_\_  
 Are you or your child involved with any other community agency?  Yes  No  
 Agency name \_\_\_\_\_ Agency phone \_\_\_\_\_  
 Agency Program and Staff \_\_\_\_\_

If you are a single parent with custody, what are the visiting rights of the other parent? Does s/he use these rights? \_\_\_\_\_  
 \_\_\_\_\_

When did the separation occur? \_\_\_\_\_

Is the other parent aware of your application for a Big Brother/ Big Sister? If yes, describe his/ her attitude. \_\_\_\_\_

List all the other family members or any other adults living in the home:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you feel your child would benefit from a Big Brother/ Big Sister?

\_\_\_\_\_

\_\_\_\_\_

Please comment on your child's general state of physical health, or on any emotional or behavioural concerns you may have. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any information you would like to add to this application that will assist us to serve your child's needs better?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, or marriage.

## **Informed Consent - Parent/ Guardian**

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This is my application to Big Brothers Big Sisters Upper Fraser Valley. I understand that the Agency will try to match a responsible adult (where appropriate supervision takes place, the volunteer may be younger than 18 years old) with my child to share activities, friendship and support, and that the Agency will try to match my child with a volunteer who has some of the same interests. My child and I will participate in the Child Safety Program offered by Big Brothers Big Sisters Upper Fraser Valley.

I give consent to Big Brothers Big Sisters Upper Fraser Valley to talk to other professionals involved with my family so that the Agency can understand my child's needs and decide whether they can serve my child and make a good match. I also agree that some of or all of the information may be shared, if the Agency thinks it is necessary, with my child's Big Brother/ Big Sister, my child's teacher, and/or with the referring professional, so that my child's needs may be best met.

I understand that:

- I don't have to accept a Big Brother/ Big Sister for my child,
- the Agency does not have to provide my child with a Big Brother/ Big Sister,
- this application belongs to Big Brothers Big Sisters Upper Fraser Valley. If the Agency closes, this file belongs to Big Brothers Big Sisters of Canada, and
- collection of personal information about myself or my child will be held in confidence and used to administer the program.

In consideration for this service and other valuable consideration provided to me child by Big Brothers Big Sisters Upper Fraser Valley, I release the Agency of all responsibilities and liabilities in connection to their service provided in good faith, to myself or my child.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, a minor, hereby release and forever discharge Big Brothers Big Sisters Upper Fraser Valley, Big Brothers Big Sisters of Canada and their respective employees, directors and volunteers thereof from any cause of action or claim for damages, whether for bodily injury, property damage or emotional trauma, anxiety or distress arising from the association of my child with Big Brothers Big Sisters Upper Fraser Valley.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Witness (must be 18 or older)



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## Media Consent

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I, \_\_\_\_\_ (parent/guardian's name), hereby consent to Big Brothers Big Sisters Upper Fraser Valley (BBBS UFV) to use any photographs, audio and/or video recordings of my child, \_\_\_\_\_ (child's name) as taken or produced by media personnel and/or Association Members and/or Association Staff for the purpose of publicizing and promoting the work of the Association.

I further waive any claim that I may have against BBBS UFV arising from the use of such photographs, audio and/or video recordings of myself, as aforesaid.

This consent and waiver shall remain in effect for the duration of my involvement with BBBS UFV unless otherwise revoked.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Mentoring Coordinator

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*NOTE: Confidentiality concern*

If you do not want your child's picture to be used, please check here:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: It is your responsibility to notify the office if the status of this consent changes.



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## Emergency Contact Form

**Child's Name** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Alternate/cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### **Medical Information**

Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

### **Emergency Release**

Experience has shown that in connection with youth activities, there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Big Brothers Big Sisters staff member in charge, or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness (18 or over)

\_\_\_\_\_  
Date