



DATE RECEIVED: _____

Mentee application

To be completed by Parent/Guardian

CHILD'S NAME:				
	(FIRST NAME)		(LAST NAME)	
DATE OF BIRTH:		AGE:		PRONOUNS:
	(DAY / MONTH / YEAR)			
ADDRESS:				
CITY:		POSTAL:		
HOME PHONE:		CELL PHONE:		
PARENT/GUARDIAN EMAIL:				
LANGUAGES SPOKEN:				

Parent/Guardian

NAME:				
If guardian, please note relationship to child:				
DATE OF BIRTH:				
If you are unemployed are you utilizing any of these services?				
EI:		Social Assistance:		Disability:
Are you employed?				
Place Employment:				
Can we call you at work?:	Yes	No	Work number:	
Are you a student? If yes, where?:			Phone Number:	



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Other Parent

Name:			
Address:			
Home phone:		Cell phone:	
Relationship with Child:			
What type of relationship does your child have with the other parent?			
If you have custody what are the visiting rights of the other parent? Does he/she use these rights? What are the arrangements?			
Is the other parent aware of your application to Big Sisters?	Yes	No	
If yes, what is their attitude? If no, why not?			

Family History/Situation

Does anything prevent your child from participating in the program:	Yes	No	
If yes, please explain:			
Are you or your child involved with any other community agency?	Yes	No	
AGENCY:		PHONE:	
STAFF:			
Is your child aware of your application for Big Sister?	Yes	No	
If yes, what was their reaction?			



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Medical History and Emergency Information

Child's Doctor:		PHONE:	
Health Card Number:			
Does your child have any dietary concerns, medical problems, conditions, or allergies?			

Emergency Contact (SOMEONE WE CAN CONTACT IF YOU CANNOT BE REACHED, IN AN EMERGENCY)

NAME:			
PHONE:			
RELATIONSHIP TO CHILD:			

School

SCHOOL NAME:			
ADDRESS:		PHONE:	
GRADE:		TEACHER:	

Confidentiality

Just as we have to share information with you about the mentor we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? If no, leave blank. If yes, please specify.			
Your name:		Date:	
Signature:			

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



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Voluntary Self Declaration

We are striving toward a representation organization; which reflects the community in which we serve. The following questions are voluntary are being collected for statistical and programming purposes. For the purposes of volunteer equity a person of indigenous ancestry identifies as a member of the First Nations, Metis or Inuit Peoples of Canada.

Based on this description does the applicant consider themselves to be a person of Indigenous ancestry?

YES NO

If yes, please indicate your status:

FIRST NATIONS METIS INUIT

For the purposes of equity, the Saskatchewan Human Rights commission defines members of a visible minorities as “persons, other than Aboriginal Peoples, who are people of colour”. Based on this description does the applicant consider themselves to be a person of a visible minority?

YES NO

Media Consent Form – Child/Youth

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of YWCA Big Sisters of Regina the use of any photographs, audio and/or video recordings of my child or youth as taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency President/Executive Director/CEO or Board of Directors, and that this media may be used by Local Agency and/or by the National Office for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion.

I give consent for my child's photo to be taken or used by the YWCA Big Sisters:

SIGNATURE	DATE

Confidentiality Concern

	CHECK HERE IF YOU DO NOT WANT YOUR CHILD'S PICTURE USED OR IF YOU HAVE A SAFETY CONCERN REGARDING PHOTOS.
SIGNATURE	DATE

NOTE: IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE OFFICE IF THE STATUS OF THIS CONSENT CHANGES.



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Informed Consent - Parent

I hereby make formal application to YWCA Big Sisters of Regina to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible male/female adult, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a Mentor who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by YWCA Big Sisters of Regina, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof.

I consent to YWCA Big Sisters of Regina contacting any referring professionals involved with my family to obtain information for the purpose of assessing my application for a Mentor.

I further agree that all or part of the information herein may be shared, at the discretion of YWCA Big Sisters of Regina, with my child's Mentor, and/or with the referring professional, so that my child's needs in a Mentoring relationship may be best met. I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program.

I understand that I am under no obligation to accept a Mentor for my child, that the Agency is under no obligation to provide my child with a Mentor and that this application is the property of YWCA Big Sisters of Regina. I also agree that I and my child will participate in the Pre-Match Training Program administered by YWCA Big Sisters of Regina.

I HAVE READ AND UNDER THIS AGREEMENT. BY SIGNING THIS , I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give the YWCA Big Sisters of Regina my consent to assign a Mentor to my child. I am aware of and understand the risks, dangers, and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____ , 20____.

Signature:

Note: release to share information with other professionals will expire one year from date provided above.