

HIGH SCHOOL BIG APPLICATION

First Name:	Middle Name:	Last Name:	Date of Birth:		
Home Address:		City:	County:	State:	Zip:
Email:	Home Ph #:	Work Ph #:	Cell #:		
Male Female	Social Security #:	Employer: (if employed)			
Address:		City:	State:	Zip:	
Grade:		Ethnicity:			
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #:		Expiration date:	
Parents Name:		Parents Employer:		Parents Work Phone:	

REFERENCES

Please type or print information requested for two references: 1) a teacher or school counselor who knows you well; 2) an adult employer, co-worker or friend who has known you for at least 2 years.

1. School Name:		Teacher's or Counselor's Name			
Address:		City:	State:	Zip:	
Day Phone #:	Fax #:	Email:			
2. Employer, Adult Coworker or Friend:					
Address:		City:	State:	Zip:	
Day Phone #:	Fax #:	Email:			
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No				Where and When:	
What, if any, other youth organizations have you worked for or been involved with as a volunteer?					

HIGH SCHOOL BIGS PARENT CONSENT AND REFERENCE FORM

Name of Applicant: _____

Name of Parent/Guardian: _____

Contact Information for Parent/Guardian: _____

In serving as a reference for your child's application as a High School Big, please answer the following questions.

1. Do you believe your son/daughter will be a good mentor and a positive role model for a younger student? Why or why not?

2. Describe your son/daughter's personality and interests (e.g., is she shy or outgoing, prefer outdoor or indoor activities, is she trustworthy, reliable, and consistent?)

3. Do you believe your son/daughter can fulfill a 12 month commitment to the Big Brothers Big Sisters program? If no, please explain any concerns you have.

4. Have you observed your son/daughter interacting with younger children? If so, can you describe how your son/daughter interacts with younger children?

5. What reservations or concerns do you have about your son/daughter's participation?

I give permission for my daughter/son, _____, to volunteer as a High School Big Brother or Big Sister. I have read and co-signed, with my child, the Big Brothers Big Sisters Volunteer Application and understand that she/he is committing to be a volunteer mentor for at least one calendar year (12 months), and that she/he will spend about an hour each week mentoring a younger child (except during school breaks). I understand that his/her involvement in the Big Brothers Big Sisters program will be under the guidance of Big Brothers Big Sisters Staff and that she/he is required to abide by all program rules and expectations.

I also understand that transportation to/from the program site is the responsibility of _____.

I feel this is a good opportunity for my son/daughter and fully support and recommend his/her involvement as a mentor in the Big Brothers Big Sisters program.

Parent Signature

Date



Big Brothers Big Sisters
of the Southern Adirondacks

GENERAL RELEASE AND AUTHORIZATION

As Parent/Legal Guardian of _____, a minor (hereinafter “child/children”), I hereby consent to the use, reproduction and/or sale by Big Brothers Big Sisters of the Southern Adirondacks, Inc. and/or its Agents of any of the following Media:

- 1) Photographs of my child/children;
- 2) Interviews of my child/children, including quotes;
- 3) Voice recordings of my child/children; and
- 4) Video tapings of my child/children.

For purposes of this Release, Agents of Big Brothers Big Sisters of the Southern Adirondacks, Inc. shall include all employees, volunteers, independent contractors and/or consultants of Big Brothers Big Sisters of the Southern Adirondacks, Inc. or any other person or entity undertaking advertisement and/or marketing activities on behalf of, for the benefit of and/or at the direction of Big Brothers Big Sisters of the Southern Adirondacks, Inc.

I understand and agree that the name of my child/children may or may not appear in any advertisement, display, product, image or exhibit derived from or arising out of the above Media and I hereby consent to such use, reproduction and/or sale whether accompanied or unaccompanied by reference to the identity of my child/children. I further authorize that use, reproduction and/or sale may occur absent any compensation whatsoever being paid to me or my child/children and may occur without any further notice.

I hereby waive any personal or proprietary rights that I or my child/children may otherwise have in connection with the use, reproduction and/or sale of part of all of the above Media and I release Big Brothers Big Sisters of the Southern Adirondacks, Inc. and its Agents from any and all liability that could otherwise result from such proprietary rights.

This General Release and Authorization shall remain in effect and may continue to be relied upon by Big Brothers Big Sisters of the Southern Adirondacks, Inc. indefinitely. However, only that Media obtained during my child/children’s participation with this organization shall be subject to the terms of this agreement.

Big Brothers Big Sisters of the Southern Adirondacks, Inc. may rely upon this General Release and Authorization as though I am the sole Parent/Legal Guardian of the above child/children. No part of this release compels me or my child/children to provide any of the above Media to Big Brothers Big Sisters of the Southern Adirondacks, Inc.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date: _____

Witness Signature _____ Date: _____



of the Southern Adirondacks, Inc.

High School Reference Form

Student's Name: _____

This form is to be completed by a school sponsor.

Teen mentors play an important role in our program and in the lives of the children they spend time with. The qualities we are looking for in student volunteers include follow-through, commitment and leadership skills. This student will also be a representative of the school they attend. Keeping this in mind, please complete this form and return it by mail to Big Brothers Big Sisters, 14 West Notre Dame Street, Glens Falls, NY 12801, or fax it back to us at 518.798.1517. We appreciate your time and attention to this matter.

1. How long have you known the student? _____

2. Do you feel that the student is happy with his/her academic potential? YES/NO
If no, please explain: _____

3. Is this student doing well in school? YES/NO
If no, please explain: _____

4. Is the student punctual? Does he/she excessively tardy or absent? _____

5. Do you foresee any problems with his/her involvement in the program for at least one school year?

6. How does the applicant get along with other students and faculty? Please explain any serious or recurring problems: _____

7. Do you consider this student a leader among his/her peers? Please explain: _____

8. Please list any other student activities or organizations that student has been involved with:

Additional Comments: _____

Signature: _____ Position: _____

Print Name: _____ Date: _____