



Missouri Valley
Big Brothers Big Sisters

Parent/Guardian Information

Description of Program

- Mentor and child meet once a week
- Volunteer transports the child (*Community-Based Program only*)
- Parent/Guardian and Big Brothers Big Sisters staff support the match
- Volunteers are thoroughly screened by the Big Brothers Big Sisters agency

Eligibility Criteria to Qualify for Services

Child/Youth

6-14 years old (4-15 years old for BRIDGES program that serves children with an incarcerated parent)
Resident of Cole, Miller, or Camden County
Reside in a single parent or alternative guardian home (or reside in a two-parent household with circumstances that warrant the need for mentoring services)
Must have the capacity to relate to a volunteer
Must have needs that are appropriate for mentoring services
Must want to participate in the program
Must have time available to spend with a volunteer

Parent/Guardian/Caregiver

Must want the child to participate in the program
Must be able and willing to support the match relationship
Must complete the application for services and cooperate in the enrollment process

Enrollment Process

- Application
- Guardian/Caregiver Interview and Orientation
- Home Visit and Assessment
- Child/Youth Interview
- Eligibility Determination

Contact Information:

Missouri Valley Big Brothers Big Sisters
Knowles YMCA Annex Building
(573) 634-3290
myoung@jcmca.org



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LITTLE BROTHER/LITTLE SISTER APPLICATION (Community-Based Program)

Date: _____

All information you provide is kept confidential

Recent Photo of Child

Child's Full Name: _____

Address: _____

Ethnicity: _____ M or F Age _____ DOB: _____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian: _____ Marital Status: _____

Relationship to Child: _____ Who has legal custody of the child? _____

Home Phone: _____ Cell phone: _____ Work Phone _____

Employer: _____ Days/Hours: _____ May we call you at work?
Yes or No

Emergency Contacts: Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Current Living Situation: Single Parent Two Parent Grandparent Other Relative Foster Care Other

Absent Parent Name/Location (if applicable): _____

Reason Parent is Absent (if applicable): _____

Household Members:	<u>Name</u>	<u>Age</u>	<u>Relationship to the Child</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Parent/Guardian Signature: _____ Date: _____