



1475 Third Avenue  
New Brighton, PA 15066  
724.843.4600 PHO  
724.843.4602 FAX  
www.bcbigs.org

Dear Parent or Guardian:

Thank you for your inquiry on enrolling your child in the Big Brothers Big Sisters Program. Please review our program fact sheet on the reverse side of this letter.

Enclosed you will find an application. Please complete it as instructed, and return it to our office as soon as possible. Once we have received your completed application, an interview will be scheduled for both of you, in order to determine the best possible volunteer for your child.

Thank you for your interest in our program. We look forward to meeting you soon. If you have any questions, please call us at (724) 843-4600. Ext. 32

Sincerely,  
Bev Evans  
Match Support Specialist

/enclosures

***P.S. If we do not receive your completed application(s) back within 10 days, we will assume that you are no longer interested in enrolling your child(ren) in our program.***

**BIG BROTHERS BIG SISTERS OF BEAVER COUNTY**  
**1475 Third Avenue**  
**New Brighton, PA 15066**  
**(724) 843-4600**

THE PROGRAM:

Big Brothers Big Sisters of Beaver County assists children facing adversity in reaching their potential through professionally supported dynamic, one-to-one relationships. Children from homes that lack the involved and supportive participation of one or both parents are matched with stable and caring volunteers who provide positive examples, guidance, new experiences, and practical help with schoolwork. The agency also provides group activities such as seasonal parties and field trips.

THE VOLUNTEERS: "Big Brothers," "Big Sisters," and "Big Couples":

**Big Brother, Sister, and Couple (married couples who volunteer together and are matched with one child)** volunteers must be at least 18 years of age; have a valid driver's license; have access to an insured, reliable means of transportation; be emotionally mature and stable; reside within Beaver County or nearby; and be able and willing to commit to seeing their assigned child for an average of two or three hours on a weekly or semi-weekly basis for 18 months.

THE CHILDREN AND YOUTH: "Little Brothers" and "Little Sisters":

Eligible children aged 6 through 12, must reside in Beaver County within a home that lacks the involved and supportive participation of one or both parents. Referrals are accepted from parents, schools, or agencies.

THE COST:

There is no cost for participating in Big Brothers Big Sisters. Once matched, no-cost or low-cost activities are encouraged.

THE APPLICATION PROCESS:

CHILD

- Application Completed
- Parent & Child are Interviewed Separately by Caseworker in Their Home
- Collateral information obtained (i.e. school reports, mental health assessments, etc...)
- If Accepted, Child is Placed on the Ready to be Matched List

VOLUNTEER

- Application Completed
- 3 Character References Obtained
- Local, State and Federal Background Checks Obtained
- Orientation/Interview at Office
- Act 33,34 Clearances Obtained
- If Accepted, Volunteer is Placed on the Ready to be matched List

HOW MATCHES ARE MADE:

Matches are made according to compatibility, shared interests, and geographic location. Once assigned, matches are supported by professional Case Managers and Match Support Specialists.

**BIG BROTHERS BIG SISTERS OF BEAVER COUNTY**

1475 3<sup>rd</sup> Ave. New Brighton, Pa 15066 (724) 843-4600

**Little Brother/Sister Application *(Please include a recent picture of your child)***

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: Male ( ) Female ( ) Race: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Are you the natural parent of this child? Yes ( ) No ( ) **If no, please complete the reverse side of this sheet.**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: PA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Can we contact you at work? Yes No Work Number: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

In the event of an emergency if you are unable to be reached who would you like us to contact?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Health Insurance Carrier: \_\_\_\_\_

Check all that applies:

State Health Insurance  Military Health Care  Direct Purchase  Employment based  Medicaid  
(Chip) (Gateway, UPMC for U, etc..)

Absent Parent's Name: \_\_\_\_\_  Living  Deceased  Incarcerated

Does your child have a parent currently serving in the military? Please Circle: Yes No

Do you feel that your child has any conditions that will affect him or her relating to a Big Brother/Sister? Please list any counselors or therapists your child is currently seeing or has seen in the past.

You grant permission to use your child's photograph and first name for the purpose of publicity efforts by BBBS.

Please Circle: Yes No

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In signing this application, I give my permission to Big Brothers Big Sisters of Beaver County, to contact other agencies or schools, which may share information that could be helpful in working with my child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(OVER)**



Number of Family Members: \_\_\_\_\_  
Please Check:  Rent  Own Home **Annual Income \$** \_\_\_\_\_

**Source of Income:** (check all that applies)

- Employment
  - Part Time
  - Full Time Employment
  - Retired
- Employment and Other Income Source
- Employment and Other Income Source and Non-Cash Benefits
- Income from Employment and Non-Cash Benefits
- Non-Cash Benefits Only
- No Income
- Other Income Source Only
- Other income and Non Cash Benefits

- Other Income:** (check all that applies)  Welfare  TANF  SSI  SSD  EITC  
 Social Security  Worker's Compensation  Pension  Child Support  
 Retirement Income from Social Security  Alimony or Spousal Support  VA Disability  
 Private Disability Insurance  Unemployment Insurance

- Non Cash Benefits:** (check all that applies)  SNAP  EWIC  LIHEAP  
 HUD-VASH  Public housing  Other: (please specify) \_\_\_\_\_

Does your child currently receive free/reduced lunches? Please Circle: Yes No

"By my signature, I recognize that I am self-declaring my income and income sources to the best of my knowledge. I understand that this information will need to be updated with the BBBS office every 90 days or yearly if proper documentation is provided"

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement of Non-Discrimination:** *Big Brothers Big Sisters of Beaver County does not discriminate based on religion, sex, race, or national origin.*

**CUSTODY VERIFICATION**

I, \_\_\_\_\_, verify that I have custody of \_\_\_\_\_

- \_\_\_\_\_ Custody order granting me physical and legal custody
- \_\_\_\_\_ Order appointing me as Guardian
- \_\_\_\_\_ Written permission from parents
- \_\_\_\_\_ Other

\_\_\_\_\_ I have no documentation establishing that I have legal custody of \_\_\_\_\_.

The circumstances under which I have physical custody of this child are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that I have proper authority and/or permission from the child's parent to enroll the child in the Big Brothers Big sisters of Beaver County Program.

This statement and verifications is made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn fabrications to authorities, which provide that if I knowingly make false averments I may be subject to criminal penalties.

Date: \_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_