

**BIG BROTHERS/BIG SISTERS OF FLATHEAD COUNTY**  
**PARENT PERMISSION FORM**  
**LUNCH PAIL PALS**

Dear Parent/Guardian:

Students at \_\_\_\_\_ School have the opportunity to participate in the School Based Mentoring program of Big Brothers Big Sisters. In the program a child is “matched” with a volunteer Big Brother or Big Sister. The volunteer will visit once a week to spend about one hour per week with your child reading, working on schoolwork, playing games, sports, etc. The activities take place during the school day and at the school - not outside the school grounds. If you would like your child to have this opportunity, please fill out the permission slip below and return it to the school as soon as possible.

\_\_\_\_\_  
Coordinator, BBBS                      Principal/ Teacher/ Counselor                      School Name

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Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I give permission:

- (1) For my child to participate in the Big Brothers Big Sisters Program: yes \_\_\_ no \_\_\_
- (2) For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports): yes \_\_\_ no \_\_\_
- (3) To have my child complete a questionnaire containing questions about school, home life, and personal interests: yes \_\_\_ no \_\_\_
- (4) To have my child talk with a Big Brothers Big Sisters staff person about personal safety: yes \_\_\_ no \_\_\_
- (5) To use my child's photograph and first name for the purpose of publicity efforts by Big Brothers Big Sisters: yes \_\_\_ no \_\_\_
- (6) To speak to my child's counselor about program fit: yes \_\_\_ no \_\_\_ N/A \_\_\_\_\_  
Counselor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Big Brothers Big Sisters in Schools**

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**Volunteer Characteristics:** Please place a check next to any of the following if you have any preferences regarding the volunteer who may be matched with your child as a Big Brother or Big Sister:

- Race/ Ethnicity of the volunteer \_\_\_\_\_
- Religion/ Faith of the volunteer \_\_\_\_\_
- Sexual Orientation of the volunteer \_\_\_\_\_
- Marital Status of the volunteer \_\_\_\_\_
- Any other preferences in the characteristics of the volunteer \_\_\_\_\_

*Note: BBBS does not discriminate on the basis of the above factors and volunteers with various characteristics may be accepted, but you may have a preference about the volunteer who may be matched with your child and we will follow your preferences to the best of our knowledge.*

**If you have checked any of the above characteristics, please explain what those preferences are in the space below:**

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My child needs assistance in the following areas:

School performance \_\_\_ Classroom behavior \_\_\_ Low self-esteem \_\_\_ Other \_\_\_\_\_

Comments:

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In what specific ways do you think a Big Brother or a Big Sister Lunch Pail Pal can help this child?

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Other comments:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_