

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Dear Parents and/or Legal Guardian,

Thank you for your interest in the Big Partner/Little Partner Program. This exciting one-on-one mentoring program pairs your child with a student volunteer from Gustavus Adolphus College and encourages them to meet a minimum of three times a month. In addition to this individual mentoring time, Big Partners are invited to attend monthly, large group activities with his/her Little Partner. Past activities included a Halloween Party, Crafts and Games Night, Movie Night, Bowling, and a field trip to the Como Zoo. It is our personal goal that the bond created through this relationship expands beyond these activities into a truly enriching experience for both the Little Partner and the Big Partner. We are proud to say that we see this goal realized over and over again each year.

We would be very pleased to have your child apply to have a Big Partner for the 2009-2010 school year. If you are interested, please return applications in an envelope labeled "Big Partner/Little Partner" to your school office. Applications for new and returning Little Partners are due by **September 24th**. **(Please note: an application must be filled out even if you are planning to have the same Big Partner for your child)**

We have a very structured training program for our Big Partners, and *conduct background checks* on all Big Partners to ensure safety for your child. Additionally, we have great accountability for both our Big and Little Partners. We require Big Partners to meet frequently with their Little Partner and encourage them to attend monthly events. *Please consider if your child will have the time to make this commitment.*

We have a Parent Communication Coordinator position designated to foster greater communication between you and the program staff. We strongly encourage you and your child to be in frequent contact with his/her Big Partner, but if problems or issues arise, please feel free to contact me at the e-mail given below.

We hope that our increased communication, intensive Big Partner training sessions, and more informative parent informational meetings will all help to improve and strengthen our program. We welcome and encourage your feedback and assistance in making participation in this program an enriching experience for your child!

Participation in the program is limited due to the number of Gustavus students interested. Please turn your application in on time for your child to have the best chance of being matched with a Gustavus student mentor. Please keep in mind that because of the large number of Little Partners, priority may be given to younger children and those who have special needs. If your child has been matched with a Gustavus volunteer, you will receive an invitation to the Matching Meeting in the mail during the week of October 14th, 2009. Again, thank you for your consideration in joining the Big Partner Little Partner program.

Thank you,

Casey Enevoldsen
Parent Communication Coordinator
Big Partner Little Partner
cenevold@gustavus.edu



BIG PARTNER LITTLE PARTNER

MENTORING • FRIENDSHIP • COMMUNITY
Gustavus Adolphus College Community Service Center

Little Partner Application 2009-2010

(One child per application, please.)

Application will be shared with the Big Partner

If you or your family does not speak, read, and/or write English or Spanish, please contact the Community Service Center, and we will do our best to accommodate your needs.

Child's first and last name (please print) _____

Home Phone Number _____ (Please note: If you do not have a phone, it is important that there is some way for the Big Partner to contact you. Please provide an alternate contact number for the Big Partner, if possible.)

Address _____

City _____ Zip Code _____

Would you prefer to receive the monthly newsletter, program updates, and our evaluations via e-mail instead of in the mail? Yes No Both

If yes, please provide the e-mail address where items should be sent: _____

Name of School: _____

Parent/Guardian Name: _____ Work: _____ Cell: _____

Parent/Guardian Name: _____ Work: _____ Cell: _____

Legal Guardian (if different) _____ Phone: _____

Has your child participated in the program before? _____ If yes, when? _____

Do you wish for your child to be matched with his/her previous Big Partner? Yes No

If yes, **first and last name** of child's Big Partner _____

(Because of schedule conflicts, or not being on campus, this person may not be available. Your child would then be assigned a new Big Partner.)

Active parent and guardian involvement is necessary for successful participation in this program. This application will be kept on file in the Community Service Center at Gustavus Adolphus College. Only the Big Partner, those coordinating the program, and school social workers will have access to this side of the application. Confidentiality will be maintained.

Parent's (Guardian) Signature

Date

*****Please fill out the back of this application in full before signing above.**
The more you fill out, the easier it will be to pair your child with a compatible Big Partner.

(Please do not include any personal contact information on this side.)

Child's Age: _____ **Gender:** Male Female **Grade:** _____

Do the parents/guardians speak English? Yes Some/Limited No

Do the parents/guardians speak English as a second language? Yes No

Please indicate how shy or outgoing you feel your child is on the scale below:

Shy 1 2 3 4 5 Outgoing

From the word bank listed below, please circle all of the words that you feel best describe your child:

outdoorsy crafty energetic a video gamer

mature mellow athletic artistic other: _____

We attempt to match Little Partners with Big Partners of the same gender. Because we frequently have a larger pool of female Big Partner applicants, male Little Partners may be matched with female Big Partners. Please note any preferences, comments, or concerns:

Many Big Partners do not have cars and must rely on walking or public transit. It is important to be clear with the Big Partner about transportation arrangements for your child.

Are you able to provide transportation? _____ Not at all _____ Sometimes _____ Most of the time

Please tell us why it is important for your child to be a part of this program.

Please describe any behavioral, physical, learning, emotional, and/or social needs (ADHD, anxiety, etc.) your child has that the Big Partner should know about to provide the best guidance and friendship. Please include any special family arrangements of which we need to be aware (deceased parent, divorce, separation, joint custody, etc.).

Please list your child's interests/hobbies/sports or music involvement(s). Please be very specific, as this information will be used to match your child with an appropriate Big Partner. Please talk with your child and include his/her thoughts.

DUE: SEPTEMBER 24TH, 2009

To ensure confidentiality, please return this application to **your child's school office**.
If you have any questions, please call Gustavus Community Service Office at (507) 933-6060
or contact Casey Enevoldsen, Parent Communication Coordinator, at cenevold@gac.edu

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Big Partner/Little Partner 2009-2010 Emergency Contacts and Pick-Up Authorization

Child's first & last name (please print): _____ Male ____ Female ____
Home phone (____) _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth date: _____ Name of School: _____ School phone: _____

Parent/Guardian: _____ Relationship: _____
Work Phone (____) _____ Home phone: (____) _____ Cell phone: (____) _____

Parent/Guardian: _____ Relationship: _____
Work Phone (____) _____ Home phone: (____) _____ Cell phone: (____) _____

Child resides with: ____ Both Parents/Guardians ____ One Parent/Guardian—Please specify _____

If child resides with somebody other than a Parent/Guardian, please provide their contact information:

Name: _____ Phone: (____) _____ Relationship: _____

The following people should be contacted in case of emergency, only if parent/guardian cannot be reached AND if they are authorized to pick up the child:

Name _____ Relationship to child: _____
Day phone: (____) _____ Evening phone: (____) _____

Family doctor: _____ Phone: (____) _____

Family dentist: _____ Phone: (____) _____

Do you carry medical/hospital insurance? ____ Yes ____ No

Insurance Carrier: _____ Policy/Group # _____

*****PLEASE TURN DOCUMENT OVER—MORE ON BACKSIDE.**

Parent/Guardian's Authorization:

In the event that my child needs immediate medical attention for injuries received while participating in a GAC program, I authorize the GAC staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed. I hereby acknowledge that GAC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at GAC that indicates otherwise.

_____ Please initial

Allergies:

My child has the following allergies:

It is acceptable for my child to have any sunscreen or bug spray applied during the program:

_____ Yes _____ No _____ Please initial

Photo Release:

I hereby release all pictures of my child taken by GAC for promotional purposes and programming materials including the GAC website.

_____ Yes _____ No _____ Please initial

Transportation Release:

My child has permission to be transported by GAC staff and/or in:

_____ Gustavus vehicle _____ School Bus _____ St. Peter Transit

My child has permission to be transported by or to walk with his/her Big Partner to and/or from:

_____ the BPLP program _____ Home _____ GAC sponsored program
_____ Please initial

Parent/Guardian signature: _____ **Date:** _____