



## COMMUNITY BASED MATCH AGREEMENT

PARENT/GUARDIAN NAME: \_\_\_\_\_

YOUTH (LITTLE BROTHER/LITTLE SISTER) NAME: \_\_\_\_\_

MENTOR (BIG BROTHER/BIG SISTER) NAME: \_\_\_\_\_

The following policies are in place to promote healthy and safe relationships and are in alignment with the mentor Code of Conduct. Parent/Guardian and Mentor (Big) check each of the following to indicate agreement before signing below.

- | PG                       | BIG                      |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Visiting the Mentor's home is permitted after we have been matched for at least 3 months.                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Out-of-town visits (more than 30 miles outside of our service area) become an option for Mentors and Littles after we have been matched at least 1 year. We must notify BBBS staff each time an out-of-town visit takes place.                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Overnight visits are only allowed in authorized exceptions after we have been matched at least 1 year. If a match is considering an overnight visit, each occurrence must follow an agency approval process. The authorized exceptions include visits that provide a significant developmental or educational benefit to the Little and could not be possible without the Mentor accompanying the Little.              |
| <input type="checkbox"/> | <input type="checkbox"/> | The Mentor will inform Big Brothers Big Sisters if firearms or weapons are present in their home, regardless of ownership and agree to keep the firearm or weapon inaccessible to the Little at all times. If acquiring a firearm or weapon, the Mentor will notify BBBS staff and review and sign the firearm and weapons policy at that time.                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Usage, or being under the influence of, any substance (including alcohol, illicit drugs, and legal drugs, including medical marijuana, "legalized" marijuana, and prescription medications) that could potentially affect their judgment, driving, reaction time, or otherwise jeopardize a child's safety and wellbeing while the Little is in the Mentor's care or company are not allowed before or during outings. |
| <input type="checkbox"/> | <input type="checkbox"/> | The Mentor is the only individual permitted to drive the Little. The parent/guardian will not allow the Little to go on an outing with the mentor if they are not the person driving. Mentors must adhere to driving safety requirements in accordance with state law (e.g. seat belt use, car seat use, and prohibitions on use of cell phone).                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | A background check will be conducted on each Mentor annually and the Mentor will be required to update driver's license and auto insurance information each year.                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | All match participants will follow the policies and terms of service of all electronic communication platforms. The health, safety and privacy of one another in electronic spaces and communications should always be prioritized.                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Each member of our team is required to keep in contact with BBBS staff once a month for the first year and every 3 months thereafter. The first contact will occur within the first two weeks.                                                                                                                                                                                                                         |

We understand:

- ☒ We have all agreed for our formal involvement in Big Brothers Big Sisters to last for at least one year and that we will set a consistent plan to see each other for at least 4 hours per month.

*(continued on reverse)*

- ☞ We will respect each other. We will make every effort to follow through with plans. We also understand if plans need to be changed, we will call and update each other.
- ☞ The role of BBBS staff is to advise, support and encourage the safety and well-being of our team.
- ☞ If a concern arises in our team, we will call BBBS staff for assistance.
- ☞ In a healthy relationship, there are no secrets. Anything that threatens the well-being of any member of the team will be shared with BBBS staff.
- ☞ Our outings are based on building a friendship, not around money and going places.
- ☞ This team is a friendship between the Little and Mentor. We will not invite others on outings.
- ☞ We will respect each other's personal space. Certain types of physical touch are not permitted, such as back rubs, sitting on laps, wrestling, piggy-back rides, tickling or other contact that feels uncomfortable.
- ☞ Our health and well-being is a priority and we understand deciding whether to have in-person contact will be an ongoing personal decision. If we are sick or exposed to someone who has been sick, we will adjust our plans accordingly.
- ☞ Things may change in our lives, home, school or jobs, but it is our responsibility to keep each other and BBBS staff up to date on these changes.
- ☞ There will come a time when your formal involvement with the agency will end, either through change in circumstances, availability, or graduation from the Big Brothers Big Sisters program. We agree that a healthy closure requires communication from all parties. We are here to work with you to find a positive and healthy way to say goodbye.
- ☞ Everyone must take responsibility for their role in this team and in making it successful.

Parent/Guardian to complete:

☐ My child has the following known allergies and/or medical conditions: \_\_\_\_\_

☐ I authorize my child's Big Brother/Big Sister, named above, and an appropriate licensed medical professional to render emergency medical treatment to my child, named above.

I agree to the above and understand that failure to uphold this team agreement may result in my dismissal from the Big Brothers Big Sisters program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Little Brother/Little Sister: \_\_\_\_\_ Date: \_\_\_\_\_

Big Brother/Big Sister: \_\_\_\_\_ Date: \_\_\_\_\_

BBBS Staff: \_\_\_\_\_ Date: \_\_\_\_\_