



**Permission to Participate in Big Brothers Big Sisters of Franklin Co.
Virtual Mentorship Programs**

1. This program is run and supervised by Big Brothers Big Sisters of Franklin County (BBBSFC)
2. The goal of this program is to provide a one-to-one mentoring relationship for a local child utilizing local High School students as volunteer mentors for 1 year
3. My child will meet with their little Brother or Sister virtually once a week.
4. My child will also meet with their BBBSFC case manager virtually once a week for support, training and case management.
5. Staff from BBBSFC will remain available during weekly match meetings but do not provide continuous visual supervision during the meeting. My child will provide supervision while virtually connecting with their little, and will report any concerns to BBBSFC staff during their support sessions.
6. Big Brothers Big Sisters staff will be in regular contact with my child, the little and their family to discuss match activities, attendance and any issues regarding my child's participation in this program. If my child is struggling, BBBSFC staff will reach out to me for support and notification.
7. My child must follow all program rules including appropriate online behavior and safe use of the internet, keeping all content age appropriate (ie: G or PG for younger youth, PG-13 for teenagers)
8. This program is a fully independent activity, is not sponsored or formally supported by any school and does not affect their grades or school transcripts.
9. This program is the sole responsibility of Big Brothers Big Sisters of Franklin County and none of the functionality or operations of this program are the responsibility of any public or private educational institution. Concerns about programming should be expressed directly to your BBBSFC case worker who will mediate between outside entities if needed.
10. I agree to notify BBBSFC immediately of any safety concerns or issues arising from contact between your child and their mentor.

I have read the above guidelines and agree to allow my child to volunteer as a mentor
in your Virtual High School Mentoring Program

Parent/Guardian Signature:

Date: