North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778
Telephone: 631–744-0207 **Fax:** 631-744-3565 www.nsyc.com

Big Buddy Application Form

Name: _____ Date: _____

Address: _____

Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Any Allergies we should be aware of? _____

Emergency Contact

Name: _____

Phone: _____

Please list your outside hobbies or interests:

_____

_____

_____

Why are you interested in becoming a Big Buddy?

_____

_____

_____

Please list the names and phone numbers of 2 references: (ex: Teacher, Coach, etc.)

1. _____
2. _____

Signature: _____

I understand that by signing this document, I am not guaranteed to be selected for participation in this program. Program selection is based upon enrollment and/or need of the program.

Initial here: _____

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Big Buddy-Little Buddy Participation Form

Big Buddy-Little Buddy is a peer mentoring program. Buddies spend meaningful time together in a structured, fun, and safe environment! Big Buddies train under the guidelines of the Long Island Mentoring Partnership and engage their Little Buddies in a variety of group activities intended to demonstrate and reinforce important life skills.

I, _____, give my child, _____
(Parent's name) (Child's name)

Permission to participate in North Shore Youth Councils Big Buddy-Little Buddy peer mentoring program. The program will meet once per week on Tuesdays from 6:00pm - 7:00pm at the NSYC portable trailer located at the Joseph A. Edgar School. I understand that the North Shore Youth Council does not provide transportation to or from the program.

Meeting Dates: 3/3 (Orientation and meet and greet), 3/10, 3/17, 3/24, 3/31, 4/14, 4/21, 4/28, 5/5, 5/12, 5/19, 5/26, 6/2, and 6/9 (Celebration)

As a participant in this program, my child is required to commit to weekly group meetings. I understand that this is a commitment for my child, and agree to make every effort for the child to attend. If my child has any prior commitments, including clubs, sports, or other extracurricular activities, I understand that my child may not be eligible to participate in the Big Buddy Little Buddy Program.

I understand that by signing this document, my child is not guaranteed to be selected for participation in this program. Program selection is based upon enrollment and / or need of the program.

Initial here: _____

Name of child participant: _____ Date: _____

Print name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____