



start something today

September 22, 2011

Dear Guidance Department,

As the new school year begins, Big Brothers Big Sisters of Monmouth and Middlesex Counties is looking to local schools for referrals of children who would benefit from one-to-one, positive adult attention through our mentoring program. Most of the children we serve come from single parent homes and may be experiencing emotional, social and academic challenges.

In order to become part of our mentoring program the child must live in Monmouth or Middlesex County and be between the ages of 6 and 14. It is important that the child does not have any significant behavioral diagnosis and the parent also must be capable of maintaining contact with the BBBS agency.

BBBSMMC relies on schools as a key resource to refer children in need of a positive role model who can provide them with the tools they need to achieve and succeed in life.

Enclosed is a brochure that further explains our program and we ask that you duplicate, distribute and/or display them so that anyone who may be interested will have the information needed to enroll their child into our program. Also, please feel free to reproduce the referral form for your use. Please visit our website at www.bbbsmmc.org for any additional information.

Please feel free to contact us at 732-544-2224 with any questions and we thank you for your time and assistance to make a difference in the lives of children in our community.

William Salcedo
Executive Director



REFERRAL TO BIG BROTHERS BIG SISTERS PROGRAM

Worker's Name: _____ Phone _____ Ext: _____

Agency: _____ Office Days: _____

2. Referral For Little Brother/Sister

Name: _____ DOB: _____ Race: _____ Sex: _____

Address: _____

Home phone: _____ Cell: _____

Parent/Guardian Name: _____

School: _____

Grade: _____

Child's Health: _____

3. Family Composition (include ages of siblings and parent/guardian): _____

4. With Whom Does The Child Live? _____

5. Marital Status of Parents: Married _____
 Divorced _____ How Long? _____
 Separated _____ How Long? _____
 Mother Deceased _____ How Long? _____
 Father Deceased _____ How Long? _____

6. Whereabouts of Absent Parent? _____

7. Extent of Contact with Absent Parent and/Or Length of Time Since Child Has Had Contact With Absent Parent? _____

8. Reason For Big Brother/Sister Referral (please state pertinent family background and be specific in presenting problems): _____



9. Parent's Attitude Toward Referral: _____

10. Child's Attitude Toward Referral: _____

11. Personality Characteristics of Child: _____

12. Interests, Hobbies and Skills Of Child: _____

13. Goals Of Agency Working With Family: _____

a. Is there long term casework involvement? _____

b. If so, is the worker able to provide on-going supervision of volunteer? _____

14. Are Other Agencies involved? _____

15. Special Goals For The Big Brother/Sister And/Or Special Needs of Little: _____

16. Additional Comments: _____
