



Big Brothers Big Sisters is a national mentoring organization that matches youth between the ages of 7 and 14 with a suitable mentor for the period of one year.

The Big Brothers Big Sisters Program Mission statement is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Our Vision statement is that all youth achieve their full potential.

Program Types:

Community Based (CB) Program – This program is a “traditional program” where matches meet with a fully screened mentor in the community on their own time. The matches meet one to three hours a week for the course of a year. Activities are match choice, and can include a walk in the park, going to a baseball game, a trip to the mall or just hang out at home. No BBBS staff member or appointed person is present during match outings.

Site Based (SB) Program – This program has matches meet with a fully screened mentor at a designated site (ex. school or community center). A BBBS staff member or appointed person(s) is present during the entire session observing match interactions and often facilitates match activities. These matches are not able to meet outside of the scheduled meeting time and location. *** SB programs are not available in all BBBS of NEPA served counties***

Site Based Plus (SB+) Program – This program is a hybrid cross between CB and SB programming. These matches have the ability to meet at both the designated SB meeting location and time as well as have the opportunity to meet in a community setting without a BBBS staff or appointed person present.

Parents/Guardians Please Note: By sending in this form, you are not automatically enrolled in the program. You will need to complete an application and an interview with a BBBS Program Specialist.

Parent/Guardian Name: _____

Name of referral source if not guardian (if applicable): _____

Relationship to Child: _____

Child’s Full Name: _____

Child’s Date of Birth: ____/____/____ Grade: ____ Sex: ____ Gender: _____ Race: _____

Home Address: _____

City, State, Zip Code: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Type of program interested in (circle all that apply): CB SB SB+

Parent/ Guardian Signature

_____/_____/_____
Date

The Mountain Center – 354 Memorial Blvd., Tobyhanna, PA, 18466
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