



Improving Lives and Communities – One Child at a Time

### **Parent Permission & Request for an Adult Friend**

Parent/Guardian: \_\_\_\_\_ Request date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's birth date: \_\_\_\_\_ M or F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

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#### **PLEASE INDICATE YOUR PREFERENCES FOR YOUR CHILD'S ADULT FRIEND:**

- Athletic/sports-oriented       Artsy/crafts-oriented       Hands-on/education-oriented
- More physically active       More mentally active       Spanish speaker needed

#### **My child struggles with (circle all that apply):**

School Attendance      Social Skills      Following Rules      Respecting Authority      Peers

Anger Management      Parent/family issues      Mental Health: \_\_\_\_\_

Learning Disability: \_\_\_\_\_ Other: \_\_\_\_\_

Behavior Issues:  **At school**     **At home**     **With Me**     **With adults**     **All the time**

**Friends of Children of Walla Walla**

120 E. Birch Street #10 • P.O. Box 2444 • Walla Walla, WA 99362 • Phone: (509) 527-4745  
FAX: (509) 525-2105 • [www.wallawallafriends.org](http://www.wallawallafriends.org) • A non-profit 501(c)(3) organization EIN 71-0886777

What expectations do you have of *Friends* in providing a volunteer for your child?

Is there any other information you believe would help us better understand your child

**Parent / Guardian Consent - Please read carefully and sign below**

**Program Participation:**

I understand all volunteers are screened, trained and interviewed by *Friends* before participating in the ABC Program. I understand once an appropriate match is formed, my child will meet with his/her adult friend once a week on school grounds during school hours. I also understand the friendship between my child and his/her adult friend will last throughout the entire school year.

**Evaluation (survey is on the back of this form):**

I understand my child and I will be asked to participate in an optional program evaluation survey at the beginning and end of the school year and general information will be shared with my child's assigned volunteer. I understand that due to confidentiality, my child's information will be kept anonymous in any publication of results pertaining to the evaluation.

**Media Release:**

I give my consent to the use of photographs, videotapes, DVD, film and recordings of my child for use by *Friends* for purposes of promotion, marketing and recruitment in current and future *Friends* projects and programs. In giving this consent, I release *Friends*, its officers, directors, agents, and employees from any liability for any violation of any personal property rights which I might have in connection with such materials and waive any right to approve accompanying written or narrative material.

**Release of Information:**

I authorize *Friends* to exchange information regarding my child's participation in the ABC Program with College Place or Walla Walla Public Schools.

**Please Sign:** By signing below, I agree with all terms and conditions stated in *section III* above.

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Parent/Guardian Signature

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Date

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## ***Friends Report on the Match Parent/Guardian Survey***

**Parent/Guardian Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

***Please select the answer that best describes your child in the following areas:***

<b>My child:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Disagree</b>
1. Has self-confidence				
2. Is able to express his/her feelings				
3. Can make decisions				
4. Has interests or hobbies				
5. Has sense of the future				
6. Has good academic performance				
7. Has a good attitude toward school				
8. Shows school preparedness in homework				
9. Shows good class participation				
10. Demonstrates good classroom behavior				
11. Shows trust towards you				
12. Respects other cultures				
13. Has a good relationship with family				
14. Has a good relationship with peers				
15. Has a good relationship with other adults				

This survey has been adapted from **Big Brothers Big Sisters of America** *Report on the Match* document.