

PARENT PERMISSION AND RELEASE FORM
HIGH SCHOOL BIGS

I, _____ give permission for my daughter/son,
_____ to volunteer as a High School Big Brother or
Big Sister. I understand that the minimum time she/he will be volunteering is one school
year, and that she/he will spend an hour each week with an elementary school student. I
understand that her/his involvement in the Big Brothers Big Sisters program will be under
the guidance of Big Brothers Big Sisters Staff. Transportation is the responsibility of
_____.

I feel this is a good opportunity for my daughter/son and fully support and recommend
her/his involvement with the program. Please accept this permission form as a positive
reference for my daughter/son to participate in this program.

Parent Signature

Date

*We do need the youth's Social Security number in order to run a required background
check. That is the only way the number is used.

Youth's Social Security number

FAX to: 828-253-5403

Or mail to:
BBBS of WNC
50 S. French Broad Ave., Suite 213
Asheville, NC 28801