



PERMISSION FORM

_____ I authorize Big Brothers Big Sisters of Central Virginia to release a copy of my child's State Police Record and the Social Services Registry Check to the YMCA staff.

_____ I do **not** authorize Big Brothers Big Sisters of Central Virginia to release a copy of my child's State Police Record and the Social Services Registry Check to the YMCA staff. I understand that my child will **not** be able to participate as a volunteer in the Discovery Program.

_____ (Parent) _____ (Date)

_____ (Child) _____ (Date)

Transportation must be provided.

For questions or more information, contact:

Linda Bailey Blount
Match Support Specialist
Big Brothers Big Sisters of Central Virginia
Phone: 434-528-0400
Direct: 473-7332
Email: lindab@bigcva.org