

# Sports Buddies Mentoring



**Big Brothers Big Sisters®**  
of Colorado, Inc.



**Request a Sports Buddies Mentor today!**  
**Increase a young man's circle of support.**

## Our Mission

The mission of Big Brothers Big Sisters of Colorado is to help children reach their full potential through professionally supported, one-to-one, volunteer mentoring relationships with measurable impact.

## Sports Buddies Mentoring

Big Brother/Little Brother friendships develop stronger bonds in structured, activity-based environments. *Guys sometimes "need things to do" to build a friendship.* In Sports Buddies, each Little Brother is matched one-to-one with a Big Brother, and they participate in supervised sports related activities 1 to 2 times a month (ex: go to Rockies games together, play flag football or learn karate). Sports Buddies is not a competitive program or even a sports/skill building program—sports is simply the setting through which the Big Brother and Little Brother build a friendship. *Parents/guardians must bring their child to each event.* The minimum commitment is six months.

## Children Eligible for Sports Buddies

We serve children in the Metro Denver area (Denver/ Aurora/ Boulder) who:

- Are between the ages of 7 and 12
- Living in a single parent home or kinship care
- The parent/guardian must be able to provide transportation to and from activities with a volunteer mentor
- Receive free or reduced lunch at school
- Note: We are currently unable to match children in homes without an adult (18+) fluent in English

## How do I request a mentor for my child/a child?

*Call us!*

**(303) 433-6002, ext. 440**

*Fax us the request below!*

**(303) 455-0252**

*Mail us the request below!*

**Big Brothers Big Sisters**  
**1391 N. Speer Blvd, Suite 450**  
**Denver, CO 80204**

## Mentor Request Form—Sports Buddies

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Child's School: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_\_ (*Child must be between 7 and 12*)

Parent/Guardian Name: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_\_ Cell Number: (\_\_\_\_) - \_\_\_\_\_

Address (City and County): \_\_\_\_\_

Primary Language Spoken in Home: \_\_\_\_\_ Does the Child receive Free or Reduced Lunch? Y/N  
(Currently we are unable to match children in homes without an adult (18+) fluent in English)

### SUBMITTING THIS REQUEST, BUT NOT THE PARENT/GUARDIAN? TELL US THE FOLLOWING:

Your Name: \_\_\_\_\_ Your Relationship to the Child: \_\_\_\_\_

Your Phone Number: (\_\_\_\_) - \_\_\_\_\_ Your E-mail Address: \_\_\_\_\_

Name of the Agency/School/Organization you represent: \_\_\_\_\_

Please check which is true:  I have spoken to the parent/guardian directly, please call them directly.  
 I have not yet spoken to the family, please call me first to provide more info.