



**Lunch Buddies Program**

**PARENT PERMISSION FORM**

I. **Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

II. Child is in the home of: **Mother** \_\_\_\_\_ **Father** \_\_\_\_\_ **Other (specify)** \_\_\_\_\_

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

**Parent/Guardian's Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Marital Status:** **Single** \_\_\_\_\_ **Married** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Other** \_\_\_\_\_

III. Who has legal custody of this child? \_\_\_\_\_ **Please Circle:** **Joint** or **Full**

**Does absent parent have visitation rights?** \_\_\_\_\_ **How often does he/she use these rights?** \_\_\_\_\_

**Does absent parent have any reservations about this child being matched with a Big Brother or Big Sister?** \_\_\_\_\_

IV. **Parent's Employer:** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **May we contact you at work?** \_\_\_\_\_

**When is the best time to contact you?** \_\_\_\_\_

**Do you have email at home or work?**  Yes  No **If yes, what is your email address:** \_\_\_\_\_

**Please list someone we can call to get a message to you in case we ever have difficulty reaching you directly.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

V. **What, if any changes do you anticipate in your family life in the next year? (move, marriage, child, job):** \_\_\_\_\_

\_\_\_\_\_

*Please complete reverse side of form!*

VI. List ALL others who live in this child's household (if you need more space, add a separate sheet):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

VII. Child's Family: Give a short description of the family background. Are there factors which may be contributing to child's current situations? Indicate

current family situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VIII. Child's Health: List serious health issues/problems, any medications or ongoing relationship with a physician or therapist? Physical, emotional, or

psychological problems? \_\_\_\_\_

\_\_\_\_\_

IX. Child's education: School problems, academic performance: \_\_\_\_\_

\_\_\_\_\_

X. Child's personality: Interest, hobbies, temperament, characteristics? \_\_\_\_\_

\_\_\_\_\_

XI. Why do you feel this child needs a volunteer? What do you hope a "match" will accomplish for you and your child? \_\_\_\_\_

\_\_\_\_\_

XII. Is there anything that you know which might help us to better serve, or understand, the needs or situation or your child or your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PARENTAL AGREEMENT

I understand that this application constitutes a request to Big Brothers Big Sisters or Rock, Walworth and Jefferson Counties to involve my child in their program. I understand that the aforementioned Big Brothers Big Sisters is not obligated to assign a Big Brother or Big Sister to my child. If my child is accepted for service, I will have the opportunity to learn about a potential volunteer before a match is made and I will have the option not to accept the candidate selected by Big Brothers Big Sisters. I agree to keep information shared regarding a potential match mate confidential. I also understand that a confidential profile regarding my child and myself will be shared with a prospective match mate prior to the match. I further understand that my child's application for service may be terminated and that Big Brothers Big Sisters is not obligated to explain why. As part of our enrollment process, we will be asking you to provide additional personal information prior to making any recommendations for assignment. The agency respects the confidentiality of client and volunteer records and, with the exception of our limits of confidentiality, shares information about clients and volunteers only among the agency professional staff. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer. All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the client or volunteers. **If you would like to see a copy of our BBBS agency's complete Confidentiality Policy( including our Limits of Confidentiality), please contact our office.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents:** Please initial in the box indicating that you and your child have read through the "Know the Rules" Child Safety Sheet that Big Brothers Big Sisters sent to you with this application.