



YOUTH APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian _____ Relationship to child _____

Preferred Language: _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the BBBS program? Yes No

Child's First Name:		Middle Name:		Last Name:	
Preferred Name/Nickname:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Child Date of Birth:	
<p>What is the child's living situation?</p> <p><input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/>Female / <input type="checkbox"/>Male)</p> <p><input type="checkbox"/> Other relative of child (non-parent) Who _____</p> <p><input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home</p> <p><input type="checkbox"/> Other _____</p>					
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #: (if applicable)	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider:		
			Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider:		
Home Address:		City:	County:	State:	Zip:
Parent/Guardian E-mail:			Child E-mail:		



Child's School:		Grade:	Student ID Number:
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White			
Nationality/Country of Origin:			
Parent Place of Employment:			
Parent Work Phone #:			
May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check the best number and time to contact you (the parent/guardian)? <input type="checkbox"/> Home <input type="checkbox"/> Morning <input type="checkbox"/> Cell <input type="checkbox"/> Noon <input type="checkbox"/> Work <input type="checkbox"/> Evening <input type="checkbox"/> Any time		If we are unable to reach you, who is someone we could call who always knows how to reach you? This is your Emergency Contact. Name: Phone Number:	

1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?



2. Does your child know that you are applying for the program? Does your child want to participate?

- Yes, s/he knows about the program. Yes, s/he wants to participate.
 No, s/he does not know about the program. No, s/he is not willing to participate.

3. Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.

- School Website
 Relative/ Friend TV/Radio
 Faith Organization Event
 Service Organization Other _____

4. Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program?

- No Yes, _____

5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?

- No Yes, _____

6. Will your child be able to meet with their Big [once a week in the evenings or on the weekend] for the next year?

- Yes No, _____

7. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister?

- No Yes, _____

8. Number of people (adults and children) in household:



9. Is the parent/guardian receiving income assistance at this time?

No Yes, _____

10. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?

No Yes, _____

11. If living in a housing development, please list the name:

12. Is child eligible for free or reduced lunch?

Yes - Free Yes - Reduced No

13. Household Annual Income: (total income of the adults the child lives with)

\$0-\$10,000 \$20,001-\$30,000

\$10,001-\$15,000 \$30,001-\$50,000

\$15,001-\$20,000 \$50,001+

14. Does your child have a parent/caregiver with current or past military experience?

Yes No

a. If yes, please list dates of service: _____

b. Branch:

Air Force Army Marine Corps Navy Coast Guard

c. Component:

Active National Guard Reserve

d. Is the parent currently deployed?

Yes No

e. If yes, please list the date of deployment: _____

f. Is the parent retired from the military?

Yes No

g. Is the parent separated/discharged (other than retired)?

Yes No

h. Does your child have a parent/caregiver that is considered fallen, wounded or disabled?

Yes No



15. Does your child have a parent/guardian who is currently incarcerated?

No Yes, _____

16. Has your child ever been arrested or involved in the juvenile justice system?

No Yes, _____

17. Within the last year, has your child been in any trouble at school?

- | | |
|--|--|
| <input type="checkbox"/> Poor Grades | <input type="checkbox"/> Has been suspended |
| <input type="checkbox"/> Skipping school/classes | <input type="checkbox"/> Has been expelled |
| <input type="checkbox"/> Truant | <input type="checkbox"/> Sent to an alternative school |
| <input type="checkbox"/> Behavior problems | |

Please describe reasons for any boxes checked in Question 17:



PARENT PERMISSION

By signing below, I give permission:

- For my child to participate in the Big Brothers Big Sisters Program
- For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters, to transport my child to events and match activities
- For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports)
- To have my child participate in an in-take interview conducted by Big Brothers Big Sisters staff and complete questionnaires and phone conversations, throughout his/her time in the program containing questions about school, home life, and personal interests
- To have my child talk with a Big Brothers Big Sisters staff person about personal safety
- For BBBS staff to provide contact information for me and my child to the volunteer

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

Parent/Guardian Signature: _____ Date: _____