**COMMUNITY-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM**

Parent/Guardian _______________________________  Relationship to child___________________

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

Name ______________________________  Phone Number___________________

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
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Preferred Name/Nickname :  
Child’s Gender:  
Child Date of Birth:

<table>
<thead>
<tr>
<th>What is the child’s living situation?</th>
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<tbody>
<tr>
<td>Two-parent household</td>
<td></td>
</tr>
<tr>
<td>One-parent household (☐ Female / ☐ Male)</td>
<td></td>
</tr>
<tr>
<td>Other relative of child (non-parent)</td>
<td>Who________________________</td>
</tr>
<tr>
<td></td>
<td>☐ Foster Home</td>
</tr>
<tr>
<td></td>
<td>☐ Group Home</td>
</tr>
<tr>
<td>Other ______________________________</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Home Phone #:</th>
<th>Parent Cell Phone #:</th>
<th>Child Cell Phone #:</th>
<th>Is it okay to text parent?</th>
<th>Is it okay to text child?</th>
</tr>
</thead>
</table>
|               |                     |                    | Yes  
Cell Provider:  
No               | Yes  
Cell Provider:  
No |

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>City:</th>
<th>County:</th>
<th>State:</th>
<th>Zip:</th>
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Parent/Guardian E-mail:  
Child E-mail:  

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<thead>
<tr>
<th>Child’s School</th>
<th>Grade:</th>
<th>Student ID Number:</th>
</tr>
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<tr>
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<table>
<thead>
<tr>
<th>Child’s Race/Ethnicity:</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ American Indian or Alaska Native</td>
<td>☐ Multi-race (check all that apply)</td>
</tr>
<tr>
<td>☐ Asian</td>
<td>☐ American Indian or Alaska Native</td>
</tr>
<tr>
<td>☐ Black or African American</td>
<td>☐ Asian</td>
</tr>
<tr>
<td>☐ Hispanic or Latino</td>
<td>☐ Black or African American</td>
</tr>
<tr>
<td>☐ Native Hawaiian or Pacific Islander</td>
<td>☐ Hispanic or Latino</td>
</tr>
<tr>
<td>☐ White</td>
<td>☐ Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>☐ White</td>
</tr>
</tbody>
</table>
|                          | ☐ Other  

Nationality/Country of Origin:

<table>
<thead>
<tr>
<th>Parent Place of Employment:</th>
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<tbody>
<tr>
<td>Parent Work Phone #:</td>
</tr>
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</table>

May we contact you (the parent/guardian) at the work number listed above?  
Yes  
No
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  [ ] No
   - [ ] Yes  [ ] No

3. Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.
   - [ ] School ______
   - [ ] Relative/Friend ______
   - [ ] Faith Organization ______
   - [ ] Service Organization ______
   - [ ] Website ______
   - [ ] TV/Radio ______
   - [ ] Event ______
   - [ ] 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?
   - [ ] Yes  [ ] No
   If yes, please provide their name(s):

5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?
   - [ ] Yes  [ ] No
   If yes, please explain:

6. Will your child be able to meet with their Big [once a week in the evenings or on the weekend- *insert agency-specific requirements*] 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?
   - [ ] Yes  [ ] No
   If yes, please explain:
8. Number of people (adults and children) in household: _____

9. Is the parent/guardian receiving income assistance at this time?  □ Yes  □ No

10. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?  □ Yes  □ No
    If living in a housing development, please list the name: _____

11. Is child eligible for free or reduced lunch?  □ Yes - Free  □ Yes - Reduced  □ No

12. Household Annual Income: (total income of the adults the child lives with)
    □ 0-$10,000  □ $10,001-$15,000  □ $15,001-$20,000  □ $20,001-$30,000  □ $30,001-$50,000  □ $50,001+

13. Does your child have a parent/caregiver with current or past military experience?  □ Yes  □ No
    If yes, please list dates of service:
    Branch: □ Air Force  □ Army  □ Marine Corps  □ Navy  □ Coast Guard
    Component: □ Active  □ National Guard  □ Reserve
    Is the parent currently deployed?
      If yes, please the date of deployment:
    Is the parent retired from the military?  □ Yes  □ No
    Is the parent separated/discharged (other than retired)?  □ Yes  □ No
    Does your child have a parent/caregiver that is considered fallen, wounded or disabled?  □ Yes  □ No

14. Does your child have a parent/guardian who is currently incarcerated?  □ Yes  □ No
    If yes, please explain:

15. Has your child ever been arrested or involved in the juvenile justice system?
    □ Yes. Please explain:
    □ No

16. Within the last year, has your child been in any trouble at school?
    □ Poor Grades
    □ Skipping school/classes
    □ Truant
    □ Behavior problems (Describe:_______________________________________________________)
    □ Has been suspended (Reason for suspension:___________________________________________)
    □ Has been expelled (Reason for expulsion:______________________________________________)
    □ Sent to an alternative school (Reason for school change:______________________________)

By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters Program;
2. 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;
3. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
4. 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;
5. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
6. 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: __________________**