## YOUTH APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian Relationship to child								
Do you have legal cust Is there a person who s			child?	Yes N				
If yes,	are they aware a	and suppo	rtive of the	child's enrol	lment in the	BBBS pr	ogram?: Yes	
Name	<u>-</u>			Phone	Number		<del></del>	
Child's First Name: M			Name:	Last Name:				
Preferred Name/Nickname:		Child's Gender:		Child Date of Birth:				
What is the child's livin	g situation?	I.		10				
☐ Two-parent househo	ld One-	parent hou	usehold (	Female / 🔲 I	Male)			
Other relative of chil	d (non-parent)	☐ Fo	ster Home	☐ Grou	p Home			
Other								
Home Phone #:	Parent Cell Ph	nt Cell Phone #: Child		Cell I Is it oka		to text parent?  Yes No rovider:  to text child? Yes No rovider:		
Home Address:	City	:		County	State:		Zip:	
				10				
Parent/Guardian E-mai	l:		Child E	E-mail:				
Child's School			Grade:	Grade:			Student ID Number:	
Child's Race/Ethnicity: American Indian or Asian Black or African Ar Hispanic or Latino Native Hawaiian or White	Alaska Native		☐ Ame ☐ Asia ☐ Blac ☐ Hisp	ck or African Am panic or Latino ive Hawaiian or ite	Alaska Native verican	r		
Nationality/Country of C	Origin:							
Parent Place of Employ Parent Work Phone #: May we contact you (th		n) at the	work numt	per listed abov	ve?	Yes []N	To .	
Please check the best number and time to contact you (the parent/guardian)?				If we are unable to reach you, who is someone we could call who always knows how to reach you?				
Home Cell Work Morning Afternoon Evening				Name: Phone Number:				
Child's T-Shirt Size								

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?
3.	Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.  School Relative Faith Organization Service Organization 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 2-4 times a month 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:
11.	Number of people (adults and children) in household:  Is the parent/guardian receiving income assistance at this time?
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? Tyes 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? Tes No
<ul><li>14. Does your child have a parent/guardian who is currently incarcerated?  Yes  No  If yes, please explain:</li><li>15. Has your child ever been arrested or involved in the juvenile justice system?</li></ul>
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 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:	

[Agency may wish to insert other policy notices or release here, e.g., confidentiality policy, photo/video release form]