

COMMUNITY-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM

| | | | | | |
|--|--|------------------------|--|---|--------------------|
| Parent/Guardian Name: | | Relationship to Child: | | Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is there a person who shares legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, are they aware and supportive of the child's enrollment in the BBBS program?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name _____ | | | Phone Number _____ | | |
| Child's First Name: | | Middle Name: | | Last Name: | |
| Preferred Name/Nickname : | | Child's Gender: | | Child Date of Birth: | |
| What is the child's living situation? | | | | | |
| <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____ | | | | | |
| Home Phone #: | | Parent Cell Phone #: | | Child Cell Phone #: | |
| 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"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | | | | | |
| 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)? | | | If we are unable to reach you, who is someone we could call who always knows how to reach you? | | |
| <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | | Name: | | |
| | | | Phone Number: | | |

Please mark the appropriate answers below:

1. Is the parent/guardian receiving income assistance at this time? Yes No
2. Is parent/guardian receiving assistance with housing (e.g. Section 8, SSD, SNAP/TANF, WIC etc.)? Yes No

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

3. Is child eligible for free or reduced lunch? Free Reduced No
4. 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+
5. 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? Yes No

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

6. Does your child have a parent/guardian who is currently incarcerated? Yes No

If yes, please explain:

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

No Yes. Please explain:

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

- No
- 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 school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
3. To have my child participate in an enrollment 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;
4. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
5. For BBBS staff to provide contact information to the volunteer for the purpose of contacting my child.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. 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 shared in my child's in-take interview).

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 at least once per semester and once during summer break, and immediately reporting any concerns I might have to the school or Big Brothers Big Sisters staff.

Parent/Guardian Signature: _____ **Date:** _____