



SITE-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	
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	
				Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:		City:		County:	
				State:	
				Zip:	
Parent/Guardian E-mail:			Child E-mail:		
Child's School			Grade:		Teacher:
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)? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			Please list an emergency contact if you are unavailable: Name: Phone Number: Relationship to Child:		

Please mark the appropriate answers below:

Does your child have a parent/caregiver with current or past military experience? Yes No

Deployed? Yes No

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



Big Brothers Big Sisters
of Green County

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: _____)

Number of people (adults and children) in household: _____

Is parent/guardian receiving income assistance? Yes No

Does your child receive free or reduced lunch? Yes- Free Yes - Reduced No

Does your child receive any of these services?

Special Education Speech Therapy Tutoring In-school Counseling Other Counseling

Describe:

Additional Questions to help us match your child with a compatible mentor:

1. Was your child in the School-Based Program last year? Yes No If yes:
 - a. Name of Big:
 - b. Is there any reason the relationship should not continue?
2. What strengths does your child have that a Big might be able to help grow?
3. What are some of the needs your child has (could be social, emotional, behavior, or academic) that a Big may be able to help him/her with?
4. Are there other ways you think a Big Brother or Big Sister can support your child?
5. What is your child interested in?
6. What would your child like to be when he/she grows up?
7. How would you describe the best mentor for your child?
8. Is there anything else we need to know before matching your child with a Big?
9. Do you anticipate any significant life changes over the next year or have you had any in the past year (i.e. moving, child changing schools, etc.)?
10. Does your child have any medical conditions (including food allergies) that might affect him or her participating in activities with a Big Brother/Big Sister?



11. After Big Brothers Big Sisters is over, this child should (Please Circle One):
- a. Walk home
 - b. Small World (NG)
 - c. Bus home (Monroe)
 - d. Will be picked up

May Big Brothers Big Sisters include your child's photo in the school yearbook and use their photo and first name for promotional purposes? Yes No

We will make every effort to honor your preferences for your child's mentor. BBBS does not discriminate on the basis of race, ethnicity, gender, marital status, sexual orientation, or religion. BBBS also matches boys with female volunteers when there is a lack of male volunteers available.

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 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 application).

I understand that I am to review the Code of Conduct with my child. My child and I will both sign this form. If behavior issues arise during the program, my child may be removed from the program.

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 immediately reporting any concerns I might have to the school or Big Brothers Big Sisters staff.

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