

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:		Last Name:		Preferred Name/ Nickname:	
Child's Gender:		Child's Age:		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 #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Best way to contact you? (phone, text, email):
Child's Cell Phone #:		Child's Email:	Is it okay to text/ email child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred way to contact child? (through parent, phone, email):
Home Address:		City:	County:	State:	Zip:
Parent/Guardian 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"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> White <input type="checkbox"/> <i>Hispanic or Latino</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Other</i>					
Parent Place of Employment:			Please list an emergency contact Name: Phone Number: Relationship to Child:		
Willing to Drive Child to Campus? (South Bend, IN ONLY)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Car Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Program: <input type="checkbox"/> Community <input type="checkbox"/> Site/Site Based Plus	

PLEASE MARK THE APPROPRIATE ANSWERS BELOW:

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. Is there a person who shares custody of this child?  
 Yes    No
  - If no, please list name a contact information for the other person. The agency is required to get parental approval from both legal guardians.  
\_\_\_\_\_
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 at least twice a month for community programs or weekly for site/ site based plus for the next year?  
 Yes    No
7. Does your child have any medical conditions including food allergies or mental health diagnoses 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
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:
  - Is the parent currently deployed?    Yes    No
    - i. If yes, please note the date of deployment:
  - Is the parent retired from the military?    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  No If yes, please explain:

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: \_\_\_\_\_)

16. Does your child receive any of these services?

- Special Education  Speech Therapy  Tutoring  In-school Counseling
- Other Counseling (Describe: \_\_\_\_\_)

### PROMOTIONAL INFORMATION CONSENT

I \_\_\_\_\_ give my permission for Big Brothers Big Southern Lake MI Region to use the following information: First Name(s), Photograph(s), Video(s) Non Confidential Information in regards to the above mentioned child. That information shall be used by Big Brothers Big Sisters Southern Lake MI Region for Educational Purposes, Publicity, and Agency Promotion. In giving this consent, I release Big Brothers Big Sisters Southern Lake MI Region their nominees and designees, from any obligation or liability otherwise owed to me in connection with any personal or proprietary right I may have as a result of the sale, reproduction, or use of the above referenced identifying information.

I may terminate this consent in writing at any time. In the event that I do not exercise my right to terminate this consent, it shall automatically expire upon the termination of my child's current involvement with Big Brothers Big Sisters Southern Lake MI Region.

#### **Please Select One:**

I **give** promotional consent: \_\_\_\_\_  
*Signature of Parent/ Guardian* *Date*

I **decline** promotional consent: \_\_\_\_\_  
*Signature of Parent/ Guardian* *Date*

PERMISSION FORM FOR PARTICIPATION IN BIG BROTHERS BIG SISTERS

By signing below, I, as the legal guardian, give full 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.
7. For Big Brothers Big Sisters staff to meet with my child at their school to conduct an interview and or match support.
8. I give permission for my child's Big to meet with them at their school.

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:** \_\_\_\_\_