



Languages spoken (parent and child), primary language:

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 _____

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-(biological) parent household <input type="checkbox"/> One-(biological) 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:	State:	Zip:
Parent/Guardian E-mail:		Child E-mail:		
Child's School:		Grade:	Extracurricular Activities:	
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"/> _____ <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i>				
<input type="checkbox"/> _____ <input type="checkbox"/> <i>White</i>				
<input type="checkbox"/> _____ <input type="checkbox"/> <i>Other</i>				
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			Name:	
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			Phone Number:	
			Relationship to you:	

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.

<input type="checkbox"/> School _____	<input type="checkbox"/> Website _____
<input type="checkbox"/> Relative _____	<input type="checkbox"/> TV/Radio _____
<input type="checkbox"/> Faith Organization _____	<input type="checkbox"/> Event _____
<input type="checkbox"/> Service Organization _____	<input type="checkbox"/> 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 or every other week in the evenings or on the weekends] 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

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:_____)

(Continued on back.)

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 could be given for the receipt of funding, 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:** _____

Completed applications can be mailed or returned in-person to
3320 Elkhart Rd. Goshen, IN 46526
Or emailed to info@bbbselkhart.org

Call us with any questions: 574-830-5013