

Child General Information

First Name:		Last Name:		Preferred Name/ Nickname:	
Birthdate: (Month/ Day/ Year) Assigned Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say		Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Genderqueer/ Nonbinary <input type="checkbox"/> Write In: _____ <input type="checkbox"/> Prefer Not to Say		Personal Pronouns: <input type="checkbox"/> He/ Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Write In: _____	
Do you give BBBS permission to contact your child via phone or email to conduct match support? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you agree to allow BBBS to contact your child via email to complete surveys regarding their match? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Home Address:		City:	State: <input type="checkbox"/> IN <input type="checkbox"/> MI	Zip Code:	Child's County
School:		Graduation Year:		Grade:	
Child's Race/ Ethnicity: <input type="checkbox"/> American Indian or Alaska Native • Tribal Affiliation _____ <input type="checkbox"/> Asian _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino _____ <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White			<input type="checkbox"/> Write In: _____ <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>Black or African American</i> <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>		
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Sexual Orientation: <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Don't Know <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Refused <input type="checkbox"/> Straight <input type="checkbox"/> Write In: _____			

Parent/ Guardian General Information

First Name:	Last Name:	Preferred Name/ Nickname:		
Birthdate: (Month/ Day/ Year)	Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Genderqueer/ Nonbinary <input type="checkbox"/> Write In: _____ <input type="checkbox"/> Prefer Not to Say	Personal Pronouns: <input type="checkbox"/> He/ Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Write In: _____		
Assigned Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Cellphone Number:	Email:		
Do you agree to allow BBBS to contact you via email to complete surveys regarding your child's match? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Preferred way for BBBS to contact you: <input type="checkbox"/> Cellphone <input type="checkbox"/> Email <input type="checkbox"/> Other _____				
Best time to reach you: <input type="checkbox"/> Anytime <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings				
Home Address:	City:	State: <input type="checkbox"/> IN <input type="checkbox"/> MI	Zip Code:	County
Employer:	Employer Address:			
Child's Race/ Ethnicity: <input type="checkbox"/> American Indian or Alaska Native • Tribal Affiliation _____ <input type="checkbox"/> Asian _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino _____ <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White		<input type="checkbox"/> Write In: _____ <input type="checkbox"/> Multi-race (check all that apply): <input type="checkbox"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>Black or African American</i> <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>		
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Sexual Orientation: <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Don't Know <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Refused <input type="checkbox"/> Straight <input type="checkbox"/> Write In _____			

PLEASE MARK THE APPROPRIATE ANSWERS BELOW:

1. Does your child have any medical conditions/ chronic illnesses including food allergies diagnoses that might affect them participating in activities with a Big Brother/Big Sister?
 Yes No If yes, please explain: _____

2. Does your child have any health diagnoses or any known exposure to trauma that might affect them participating in activities with a Big Brother/Big Sister?
 Yes No If yes, please explain: _____

3. Within the last year, has your child been in any trouble at school?
 Poor Grades
 Skipping school/classes
 Truancy
 Behavior problems (Describe: _____)
 Has been suspended (Reason for suspension: _____)
 Has been expelled (Reason for expulsion: _____)
 Sent to an alternative school (Reason for school change: _____)
 Other (Describe _____)
 No trouble at school

4. Does your child receive any of these services?
 Special Education Speech Therapy Tutoring In-school Counseling
 Other Counseling (Describe: _____)

5. Household Annual Income: (total income of the adults the child lives with)
 0-\$10,000 \$10,000-\$14,999 \$15,000-\$19,999 \$20,000-\$24,999
 \$25,000-\$29,999 \$30,000-\$34,999 \$35,000-\$39,999 \$40,000-\$44,999
 \$45,000-\$49,000 \$50,000-\$59,999 \$60,000-\$74,999 \$75,000-\$99,999
 \$100,000+ Please Specify _____
 Unknown

6. Is parent/guardian receiving assistance with housing (e.g., Section 8, residence in public-housing, etc.)?
 Yes No

7. Is child eligible for free or reduced lunch?
 Yes - Free Yes - Reduced No

8. What is the child's living situation?
 Two-parent household One-parent household (Female / Male)
 Other relative of child (non-parent) Foster Home Group Home
 Institution Grandparents Sibling Guardian
 Two Parents (not married) Two Mothers Two Fathers
 Other/ Unknown _____

9. Does your child have a parent/guardian who is currently incarcerated?
 Yes No If yes, please explain: _____

10. Does your child have a parent/caregiver with current or past military experience?
 Yes No
▪ Is the parent currently deployed? Yes No
▪ Is the parent retired from the military? Yes No

11. Has your child ever been arrested or involved in the juvenile justice system?
 Yes No If yes, please explain: _____

12. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?

13. Does your child know that you are applying for the program? Does your child want to participate?

14. Is there a person who shares custody of this child?
 Yes No
▪ If yes, please list name a contact information for the other person. The agency is required to get parental approval from both legal guardians.

15. 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): _____

16. 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: _____

17. 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

18. Program interested in: Community-Based Site-Based

Video/Photography Release

- I hereby grant Big Brothers Big Sisters Southern Lake Michigan Region (BBBS) the irrevocable right and permission to use photographs and/or video recordings of my child in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.
- I understand and agree that such photographs and/or video recordings of my child may be placed on the Internet. I also understand and agree that my child may be identified **by first name only** in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of my child. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of Big Brothers Big Sisters Southern Lake Michigan Region.
- I hereby release, acquit and forever discharge Big Brothers Big Sisters Southern Lake Michigan Region, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.
- I understand that I can revoke this right in writing at any time and if I do not revoke this right, this release shall remain valid.

Please Select One:

I **give** consent: _____
Signature of Parent/Guardian *Date*

I **decline** consent: _____
Signature of Parent/Guardian *Date*

Please continue to the next page.

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 and/or afterschool program center 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:** _____

Completed application can be emailed to alexis@becomeabig.com

Returned via mail to PO Box 194 Niles, MI 49120 Attn: Alexis Bechtel

If you would like to return your application in person, please call an office below to set up a time.

Niles, MI 269-684-1100

South Bend, IN 574-232-9958

Elkhart, IN 574-830-5013