

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 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"/> <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: 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: Name: Phone Number: Relationship to Child:		

Please mark the appropriate answers below:

1. Big Brothers Big Sisters receives funding to provide mentors to children who have parent(s) or parent figure (Aunt, uncle, brother, etc) in prison. Does your child have a parent or parental figure in prison at this time?

Yes No If yes, please explain:

2. 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

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

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

Yes. Please explain:

No

4. 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: _____)

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

6. Is parent/guardian receiving income assistance? Yes No

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

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

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

8. Please check your estimated household income:

0-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$30,000 \$30,001-\$50,000 \$50,001+

9. Does your child receive any of these services?

Special Education Speech Therapy Tutoring In-school Counseling Other Counseling

Describe:

Additional Questions:

10. What strengths does your child have that a Big might be able to help grow?

11. 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?

12. Are there other ways you think a Big Brother or Big Sister can support your child?

13. How would you describe the best mentor for your child??

14. Is there anything else we need to know before matching your child with a Big?

15. 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.)?

16. 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?

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:** _____



BIG BROTHERS BIG SISTERS

GENERAL RELEASE AND AUTHORIZATION

As Parent/Legal Guardian of _____, a minor (hereinafter "child/children"), I hereby consent to the use, reproduction and/or sale by Big Brothers Big Sisters of the Southern Adirondacks, Inc. and/or its Agents of any of the following Media:

- 1) Photographs of my child/children;
- 2) Interviews of my child/children, including quotes;
- 3) Voice recordings of my child/children; and
- 4) Video tapings of my child/children.

For purposes of this Release, Agents of Big Brothers Big Sisters of the Southern Adirondacks, Inc. shall include all employees, volunteers, independent contractors and/or consultants of Big Brothers Big Sisters of the Southern Adirondacks, Inc. or any other person or entity undertaking advertisement and/or marketing activities on behalf of, for the benefit of and/or at the direction of Big Brothers Big Sisters of the Southern Adirondacks, Inc.

I understand and agree that the name of my child/children may or may not appear in any advertisement, display, product, image or exhibit derived from or arising out of the above Media and I hereby consent to such use, reproduction and/or sale whether accompanied or unaccompanied by reference to the identity of my child/children. I further authorize that use, reproduction and/or sale may occur absent any compensation whatsoever being paid to me or my child/children and may occur without any further notice.

I hereby waive any personal or proprietary rights that I or my child/children may otherwise have in connection with the use, reproduction and/or sale of part of all of the above Media and I release Big Brothers Big Sisters of the Southern Adirondacks, Inc. and its Agents from any and all liability that could otherwise result from such proprietary rights.

This General Release and Authorization shall remain in effect and may continue to be relied upon by Big Brothers Big Sisters of the Southern Adirondacks, Inc. indefinitely. However, only that Media obtained during my child/children's participation with this organization shall be subject to the terms of this agreement.

Big Brothers Big Sisters of the Southern Adirondacks, Inc. may rely upon this General Release and Authorization as though I am the sole Parent/Legal Guardian of the above child/children. No part of this release compels me or my child/children to provide any of the above Media to Big Brothers Big Sisters of the Southern Adirondacks, Inc.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date: _____

Witness Signature _____ Date: _____