

**Big Brothers Big Sisters of the Southern Adirondacks**

Email: [info@BBBSSADK.ORG](mailto:info@BBBSSADK.ORG)

Phone: (518) 798-1010: Fax: (518) 798-1517

Serving Warren, Washington and Saratoga Counties



**Community-Based Youth Application & Parent Permission Form**

Youth Information		
First Name:	Last Name:	Preferred Name:
Gender:	Race/Ethnicity:	Date of Birth:
School:	Grade:	
Referral Source: <input type="checkbox"/> School <input type="checkbox"/> Neighbor/Friend <input type="checkbox"/> Relative <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Other:		
Parent/Guardian Information		
First Name:	Last Name:	Preferred Name:
Street Address:		City, State, Zip:
Home Phone #:	Work Phone #:	Cell Phone #:
Personal E-mail:		Work E-mail:
What is your relationship to the youth?		If we are unable to reach you, who is someone we can call who always knows how to reach you?  Emergency Contact:  Phone Number:  Relationship to child:
Do you have legal custody of the child? <input type="checkbox"/> No <input type="checkbox"/> Yes Share custody? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, are they aware & supportive of the child's enrollment? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: Phone Number:		
How and when do you prefer to be contacted: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Any time		
What is the youth's household living situation?: <input type="checkbox"/> Two Parent <input type="checkbox"/> One Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Home <input type="checkbox"/> Other Relative: <input type="checkbox"/> Other:		
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		
Does the youth have an incarcerated parent?: <input type="checkbox"/> No <input type="checkbox"/> Yes		Receive Free/Reduced Lunch: <input type="checkbox"/> No <input type="checkbox"/> Yes
Does this youth have siblings who are currently in the program or have been in the program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Parent Place of Employment:

Parent Work Phone #:

May we contact you (the parent/guardian) at the work number listed above?  Yes  No

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.  
 School  
 Relative  
 Faith Organization  
 Service Organization  
 Website  
 TV/Radio  
 Other
4. 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:
5. Will your child be able to meet with their Big [once a week in the evenings or on the weekend for the next year]?  
 Yes  No
6. 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:  
  
Previous hospitalizations:  Yes  No  
If yes, please explain and include dates:
7. Number of people (adults and children) in household: \_\_\_\_\_
8. Is the parent/guardian receiving income assistance at this time?  Yes  No
9. 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: \_\_\_\_\_
10. Is child eligible for free or reduced lunch?  Yes - Free  Yes - Reduced  No
11. 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+

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12. 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

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

Yes. Please explain:

No

14. 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: \_\_\_\_\_)

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**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, attendance, IEP, etc.);
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 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:** \_\_\_\_\_