

# YOUTH APPLICATION & PARENT/GUARDIAN PERMISSION FORM | COMMUNITY BASED

Parent/Guardian First Name:	Last Name:	Preferred Name/Nickname:
Parent/Guardian Gender/Gender Identity: Examples include: female, male, transgender, non-binary, gender queer, gender fluid, gender neutral		Parent/Guardian Personal Pronouns: Examples include: she/her, he/him, they/them, xe/xem, ve/ver
Relationship to child: _____ Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a person who shares legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they aware and supportive of the child's enrollment in the BBBS program? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name: _____ Phone Number: _____		

Child's First Name:	Middle Name:	Last Name:	
Preferred Name/Nickname:	Child's Gender/Gender Identity:	Child's Personal Pronouns:	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"/> Grandparent <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other relative of child (non-parent) _____ <input type="checkbox"/> Other _____			
Home Phone #:	Parent/Guardian Cell Phone #:	Child Cell Phone #:	Is it okay to text parent/guardian? <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:	

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<b>Child's Race/Ethnicity:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <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 Latinx</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> Write in _____		
<b>Languages Spoken in the Home:</b> <b>Nationality/Country of Origin:</b> <b>Tribal Affiliation:</b>				
<b>Parent/Guardian Place of Employment:</b> <b>Parent/Guardian Work Phone #:</b> 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)?  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Time of Day:</b>  <input type="checkbox"/> Morning  <input type="checkbox"/> Afternoon  <input type="checkbox"/> Evening         </td> <td style="width: 50%; padding: 5px;"> <b>Location:</b>  <input type="checkbox"/> Home  <input type="checkbox"/> Cell  <input type="checkbox"/> Work         </td> </tr> </table>	<b>Time of Day:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<b>Location:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	If we are unable to reach you, who is someone we could call who always knows how to reach you?  Name: Phone Number: Relationship to child/family:	
<b>Time of Day:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<b>Location:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			

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?     Yes     No
3. Does your child want to participate?     Yes     No     Unsure
4. 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 (Nonprofits, food bank, social services, etc.) \_\_\_\_\_
  - Juvenile Justice System Referral \_\_\_\_\_
  - Website \_\_\_\_\_
  - TV/Radio \_\_\_\_\_
  - Event \_\_\_\_\_
  - Other \_\_\_\_\_

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5. 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): \_\_\_\_\_
6. Do you anticipate any significant life changes over the next year, or have you had any in the past year? Examples of significant life changes include moving, job changes, or changes in family size or dynamics.  
 Yes  No If yes, please explain: \_\_\_\_\_
7. Will your child be able to meet with their Big **twice a month** for the next year?  
 Yes  No
8. Does your child have any medical conditions that might affect them in participating in activities with a Big?  
 Yes  No If yes, please explain: \_\_\_\_\_
9. How many adults and children currently reside in your household? \_\_\_\_\_
10. Do you (parent/guardian) receive public income assistance at this time?  
 Yes  No
11. Do you (parent/guardian) receive assistance with housing (e.g. Section 8, residence in public-housing)?  Yes  No
12. Is your child eligible for free or reduced lunch?  Yes  No
13. 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  \$50,001-75,000  \$75,001-\$100,000+
14. Does your child have a parent/ guardian 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?  Yes  No  
If yes, please the date of deployment: \_\_\_\_\_
15. Does your child have a parent/guardian who is currently incarcerated?  Yes  No
16. Has your child ever been arrested or involved in the juvenile justice system?  
(Answering yes to this question will not affect your child's acceptance into Big Brothers Big Sisters)

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program.)

Yes    No   If yes, please explain: \_\_\_\_\_

17. Within the last year, has your child been in trouble at school?

- Poor Grades
- Skipping school/classes
- 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 personally interact with and transport my child to events and match activities, if applicable and allowed by program type;
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 intake interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout their time in the program containing questions about school, home life, the match, and personal interests to evaluate and improve program services;
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. I understand that incidents of child abuse or neglect, past or present, will 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, on behalf of myself and my child, completely release and forever discharge BBBSSADK and its employees, agents, members, volunteers and all other persons on its behalf, together with any successors in interest, heirs, attorneys, agents, representatives, and all persons acting by, through, under, or in concert with them from all known and unknown charges, complaints, claims, grievances, liabilities, obligations, promises, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts, penalties, fees, wages, attorneys' fees and costs, and punitive damages of any kind or nature whatsoever, whether known or unknown, which I may have, or may have had, against BBBSSADK, arising from any participation 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 their guardian. I intend and understand that this release and discharge is to be interpreted and enforced so as to provide the broadest release and discharge possible as may be permitted by law. 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 Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## PHOTO CONSENT AND RELEASE FORM

### Parent/Guardian & Minor Child

I, \_\_\_\_\_, legal parent or guardian of \_\_\_\_\_ (“Minor Child”), irrevocably consent for myself and Minor Child to any and all uses and displays of my or Minor Child’s name, image, likeness, appearance, basic biographical information, audio/video recordings, writings, artwork, and the like, in original form or in modified form, in whole or in part, in, on, or in connection with merchandise, advertising, publicity, marketing, fundraising, and the like, in printed or electronic media, of any type, throughout the world at any time by Big Brothers Big Sisters of America and BBBSSADK in their sole discretion, successors, partners, sponsors, donors, any entities or persons with whom they conduct any public relations, marketing, or fund raising of any type, and any other authorized third parties, without further consent from me or Minor Child, without any royalty, payment, or other compensation to me or Minor Child, and with the release and waiver of any claims, actions, damages, losses, costs, expenses and liability of any kind arising from any such use (the “Released Material”).

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSSADK.

I further grant to BBBSSADK the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSSADK that use the Released Materials are the property of and are owned by BBBSSADK, and that I cannot authorize their use by any other party. I further understand that BBBSSADK may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSSADK my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSSADK and/or its affiliates, and that BBBSSADK has no liability to me or Minor Child for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSSADK’s and/or its affiliates’ editing, alteration or use of the Released Materials. BBBSSADK has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSSADK and its affiliates, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I or Minor Child may now or hereafter have arising in connection with BBBSSADK’s exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

***I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.***

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_