

CHILD APPLICATION

PART 1 Child & Family Information

Child's First, Middle, Last Name		Child's date of birth	Gender
Child's school	Grade	Student's teacher	
Parent/Guardian's name	Relationship to child	Parent's cell phone	Home phone
Parent/ Guardian e-mail	Child's cell phone	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address (Street, City, State, Zip)			County
Parent's place of employment	Parent's work phone number	May we contact the parent/ guardian at the work number listed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check the best number and time to contact 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		If we are unable to reach you, who is someone we could call who always knows how to reach you? Name: _____ Relation to child: _____ Phone Number: _____	
What is the child's living situation? <input type="checkbox"/> One-parent household (Female / Male) Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Two- parent household Is there a person who shares legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foster home If yes, are they aware and supportive of the child's enrollment in the BBBS program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group home <input type="checkbox"/> Other _____ Name: _____ Phone Number: _____			
Child's Race/ Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multi- race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native Primary Language Spoken <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> English <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Spanish <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other <input type="checkbox"/> White			
Is internet access available at home for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all technology you have available at home for your child's access <input type="checkbox"/> Smart phone <input type="checkbox"/> Laptop <input type="checkbox"/> Other: _____ <input type="checkbox"/> iPad/ Tablet device <input type="checkbox"/> Computer <input type="checkbox"/> None of the above			

OTHER MEMBERS OF CHILD'S HOUSEHOLD (If more, please list on back of form)

1.	NAME	GENDER	BIRTHDATE	RELATIONSHIP TO CHILD
2.	NAME	GENDER	BIRTHDATE	RELATIONSHIP TO CHILD
3.	NAME	GENDER	BIRTHDATE	RELATIONSHIP TO CHILD

Total number of people (adults and children) in household _____

1. Is the parent/guardian receiving income assistance at this time? Yes No
2. Is the child eligible for free or reduced lunch? Yes No
3. Does your child have a parent/guardian with current or past military experience? Yes No
4. Does your child have any medical conditions that might affect their participation in activities with a Big Brother/ Big Sister? If yes, please explain: Yes No
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? If yes, please provide their name(s): Yes No
6. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving? If yes, please explain: Yes No
7. Will your child be able to commit to meeting with their Big the amount of times required? If no, please explain. (Please see program options for reference) Yes No
8. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
9. 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 \$50,000+
10. Does your child receive any of the following services?
 Special education Speech therapy Tutoring In-school Counseling Other Counseling
11. In selecting a volunteer for your child, do you as the parent/guardian have any preferences regarding the volunteer? If so, please explain:(Check all that apply)
 Race/ Ethnicity Religious background Sexual orientation Age Other
 Other: _____

Bigs' agencies often qualify for financial support to help fund the cost of mentoring relationships for children who have experienced certain life events. Questions 12-13 are asked with this in mind.

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

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Poor grades | <input type="checkbox"/> Truant | <input type="checkbox"/> Behavior problems |
| <input type="checkbox"/> Has been suspended | <input type="checkbox"/> Has been expelled | <input type="checkbox"/> Skipping school/classes |

15. Please check any of the following options that may apply to your child:

A) Mental Health:

- | | |
|---|--|
| <input type="checkbox"/> Anxiety/ Panic Disorder | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Oppositional Defiance Disorder (ODD) | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Other | |

Other: _____

B) Developmental Diagnosis/ Learning Disability/ Medical Conditions:

- | | |
|--|---|
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD) | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Cerebral Palsy | |
| <input type="checkbox"/> Other | |

Other: _____

C) Exposure to Trauma:

You are not required to answer this section if you are not comfortable. However, it will give us the best overall understanding of your child

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Neglect: | <input type="checkbox"/> Abuse: |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Physical |
| | <input type="checkbox"/> Emotional |

If you prefer to have a Mentoring Specialist call you directly, please check this box

Other: _____

Part 2- PROGRAM OPTIONS: *Please check the program(s) in which you have interest.*

- Community- Based**
- School-Based**
- Virtual**

Community-Based

Bigs and Littles get together for a minimum of 4 to 6 hours a month year-round to share fun activities they both enjoy with flexible meeting times to accommodate a variety of schedules. Mentoring Specialists communicate with parents monthly for the first year and quarterly thereafter.

School-Based

Bigs and Littles meet in-person once a week during the academic year at school. Mentoring Specialists communicate with parents once each semester.

Virtual

Virtual matches connect weekly through video chats to develop lasting friendships within a structured setting, facilitated and supervised by a Bigs' Mentoring Specialist. Mentoring Specialists communicate with parents monthly



Parental Understanding of Big Brothers Big Sisters

1. The volunteer is not a substitute parent to the child. The Big Brother/Big Sister is a FRIEND!
2. The parent authorizes the agency to obtain all information (e.g., school, agency, police, and human service records) necessary in making an appropriate assessment or match.
3. The parent agrees to notify the agency with any concerns about their child's match relationship.
4. Parents and children must communicate with agency staff assigned to the child's match at least once a month in the first year of the match.
5. The agency service is specifically for the child, and not for other children in the family.
6. The parent agrees to give the volunteer and the agency Mentoring Specialist an accurate picture of the child's behavior. The parent agrees to the best of his/her ability to inform the agency Mentoring Specialist if difficulties arise in the match.
7. The parent agrees to have the child ready to meet the volunteer at the specified time.
8. The parent understands that agency contact occurs on a regular basis and agrees to promptly respond for match support contacts.
9. In a Community-Based match, the parent agrees to maintain contact with the volunteer in order to schedule activities in-person or virtually and support the relationship. It is the parent's responsibility to know when the volunteer is meeting with the child, therefore the parent must be responsible for confirming scheduled activities with the volunteer.
10. Understand that staff members of Big Brothers Big Sisters of Northwestern Michigan are mandated by law to report concerns regarding abuse/neglect of any child.
11. The agency reserves the right to terminate a match if parent contact with the agency is not consistent.



Part 3- PARENTAL PERMISSION:

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 in a Community-Based match 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, absences, Power School Information);
4. To have myself and my child participate in an in-take interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout their 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 Big Brothers Big Sisters' staff to provide my contact information to the volunteer once my child is matched.

I understand that the program is not obligated to match my child with a volunteer and that as part of the Community-Based enrollment process I will be asked to provide additional information through an in-person or virtual 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 (e.g. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

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 their 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 above in Parental Understanding (which includes communication at least once a month in the first year of the match for Community-Based and Virtual programs and once a semester for School-Based), and immediately reporting any concerns I might have to Big Brothers Big Sisters' staff.

I certify that all of the information on this form is true and correct. I have read the above parameters of the Bigs program and I agree to abide by them as long as my child is in the program. I understand I may terminate my child's participation at any time and have the right to approve or disapprove activities between my child and the Big Brother/Big Sister mentor.

Print name _____

Signature: _____

Date: _____



CONSENT AND RELEASE FORM Parent/Guardian of Minor Child

Big Brothers Big Sisters of Northwestern Michigan relies on community support to maintain its mentoring program. Demonstrating the impact of our program promotes recruitment of qualified volunteers and staff, as well as financial support necessary to fund the program. To that end, Bigs requests the use of images, match stories, quotes and/or testimonials for public relations purposes.

I, _____, certify that I am the legal parent or guardian of _____ (name of "Little" or minor "Big"), a minor child (hereafter, the "Minor Child") and that I have full authority to execute this Consent and Release Form.

I understand that Big Brothers Big Sisters of Northwestern Michigan ("Bigs") is seeking to use my or the Minor Child's image, likeness, name, biographical information, personal characteristics, quotations, writings, information contained in writings, and/or audio or video recordings of me or the Minor Child.

I acknowledge and agree to authorize the use of Released Materials before they are used by Bigs and that Bigs has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from editing, alteration or use of the Released Materials. Bigs has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release Bigs, its employees, and agents from all claims, demands or liabilities and related financial costs that I or the Minor Child may now or hereafter have arising in connection with Bigs' 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.

NO _____ (please initial)

YES _____ (please initial)

Please check all that you approve:

- Photo, with use of first name
- Photo, but remain anonymous
- Video
- Social Media

Printed Name: _____

Signature: _____

Date: _____