

COMMUNITY-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian _____ Relationship to child _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the BBBS program?: Yes No

Name _____ Phone Number _____

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"/> Shared Custody: Is the other custodian aware of child's enrollment in BBBSGC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<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"/> American Indian or Alaska Native					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian					
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American					
<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino					
<input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian or Pacific Islander					
<input type="checkbox"/> Other <input type="checkbox"/> White					
<input type="checkbox"/> Other					
Nationality/Country of Origin:					
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)?

- Home Cell Work
 Morning Afternoon Evening

If we are unable to reach you, who is someone we could call who always knows how to reach you?

Name:
Phone Number:

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 _____
 - Event _____
 - Other _____

4. 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):

5. 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:

6. Will your child be able to meet with their Big 2-4 times per month for the next year?
 - Yes No

7. 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:

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

9. Is the parent/guardian receiving income assistance at this time? Yes No



10. 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: _____

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

12. 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+

13. 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

14. Does your child have a parent/guardian who is currently incarcerated? Yes No

If yes, please explain:

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

Yes. Please explain:

No

16. 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: _____)

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);
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:** _____

ACCIDENT COVERAGE STATEMENT

Big Brothers Big Sisters of Central Carolinas provides limited automobile insurance coverage for program participants (Big-volunteer/Little-youth). The following sets forth those limitations.

In the event that a Little Brother/Little Sister is involved in an automobile accident while transported by an active Big volunteer, BBBS has a comprehensive insurance program that provides coverage in the event the Big is at fault. If, however, the Big is not at-fault, the person(s) designated at-fault, or his or her insurance company, would be liable for damages or injuries as a result of said accident. Should the person(s) at-fault not have insurance or not have sufficient insurance to compensate for the injury suffered as a result of the accident, BBBS's insurance will not cover the accident and responsibility for any expenses resulting from the accident may fall on the parent/child or their insurance company.

My signature below acknowledges that I have read and understood the above information regarding insurance coverage and that I hereby release BBBS from any liability for such incidents not covered by BBBS's insurance.

Parent's Signature

PARENTAL/GUARDIAN PUBLICITY CONSENT FORM

I do hereby authorize Big Brothers Big Sisters of Central Carolinas to use my or my child's image and voice, including photos and videos, for publicity purposes to promote the Big Brothers Big Sisters of Central Carolinas program. The images/voices may be used in various promotional materials (such as our website), news media publicity, Facebook, and Twitter.

It is my understanding that first names, images/voices may be used by BBBSGC corporate partners.

I agree that there will be no compensation whatsoever for this participation or for the use of resulting materials by Big Brothers Big Sisters.

Big Brothers Big Sisters of Central Carolinas unconditionally releases me from all liabilities or claims that may result from the existence and use of any such materials.

Child's name _____

Parent/Guardian printed name _____

Signed _____
(Parent or Guardian)

Date _____

First and last names may be used (please check if consent given)

I do not consent to the use of my or my child's name, image or voice.

Child's name _____

Parent/Guardian printed name _____

Signed _____
(Parent or Guardian)

Date _____

MEDICAL RELEASE FORM

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I/we do hereby state that I am (we are) parent/legal guardian of:

Name of child: _____ Date of Birth: _____

Allergies: _____

Current Medications: _____

I do hereby authorize: _____

Address: _____

Phone number: _____

Parent, please read in full before signing!

I grant the above mentioned adult to have temporary custody and responsibility for the care of the above-name minor, to consent to any X-rays, physical examination, medication, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or surgeon when the need for such treatment is immediate and only after efforts have been made to contact me/us are unsuccessful. I/We will not hold the temporary custodian, physician, or hospital providing care responsible for action taken in good faith in presenting the above named child for care or providing examination. This authorization shall be valid when my child is in the temporary custody and care of the Big Brother or Big Sister or any BBBS agency representative or in attendant at any Big Brothers Big Sisters Group activity.

Parent/Guardian Signature:

Date

Parent/Guardian Printed Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Child's Physician: _____

Insurance Company: _____ ID/Contract Number: _____