

SITE-BASED YOUTH PERMISSION FORM



Big Brothers Big Sisters

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:		Teacher Name:	
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"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White					
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. Number of people (adults and children) in household: _____
2. Is parent/guardian receiving income assistance? ☐ Yes ☐ No
3. What strengths does your child have that a Big might be able to help grow?

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

We will make every effort to honor your preferences for your child's mentor. BBBS does not discriminate on the basis of race, ethnicity, gender, marital status, sexual orientation, or religion. [If applicable: BBBS also matches boys 11 years and under with female volunteers when there is a lack of male volunteers available].

5. 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.)?

6. 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. To have my child participate in an enrollment interview conducted by Big Brothers Big Sisters staff and complete questionnaires/surveys throughout his/her time in the program containing questions about school, home life, and personal interests; these questionnaires/surveys will take place at your child's school or via telephone.
3. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;

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.
THERE WILL BE NO CONTACT BETWEEN YOUR CHILD AND THE VOLUNTEER OUTSIDE OF THE DESIGNATED SITE EXCEPT FOR PLANNED GROUP ACTIVITIES PROVIDED AND SUPERVISED BY BBBS. IF ANY SUCH CONTACT IS ATTEMPTED AND/OR OCCURS, IT IS YOUR RESPONSIBILITY TO NOTIFY THE BBBS OFFICE AS SOON AS POSSIBLE

Parent/Guardian Signature: _____ Date: _____