



**YOUTH APPLICATION**

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:		
Program Preference (check all that apply): <input type="checkbox"/> Community <input type="checkbox"/> Club <input type="checkbox"/> First Friends <input type="checkbox"/> School <input type="checkbox"/> Girls Inc.		
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:
How and when do you prefer to be contacted: (mark all that apply; rank 1 <sup>st</sup> , 2 <sup>nd</sup> , etc.) <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:		
Military Parent: <input type="checkbox"/> No <input type="checkbox"/> Yes: Active* <input type="checkbox"/> Yes: Deceased LOD <input type="checkbox"/> Yes: Retired/Vet (*Deployed: <input type="checkbox"/> Yes <input type="checkbox"/> No)		
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
Household Annual Income: (total income of the adults the child lives with)		
<input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-\$20,000 <input type="checkbox"/> \$20,00-\$24,000 <input type="checkbox"/> \$25,000-\$29,000 <input type="checkbox"/> \$30,000-\$34,000 <input type="checkbox"/> \$35,000-\$39,000 <input type="checkbox"/> \$40,000-\$44,000 <input type="checkbox"/> \$45,000-\$50,000 <input type="checkbox"/> \$50,000+		

Does this youth have siblings who are currently in the program or have been in the program in the past?  Yes  No

If yes, please provide their name(s):

Has this youth been previously enrolled in a Big Brothers Big Sisters program?  Yes  No



**PARENT PERMISSION FORM**

By signing below, I give permission for:

- My child to participate in the Big Brothers Big Sisters of South Central Indiana (BBBS) program;
- The school to provide my child’s academic, social and contact information to BBBS staff (e.g. report cards, behavior reports, attendance, IEP, student ID #, address and phone numbers);
- My child to participate in an enrollment interview conducted by BBBS staff and complete surveys throughout his/her time in the program containing questions about school, home life, and personal interests;
- My child to talk with BBBS staff about personal safety;
- BBBS staff to provide contact information to the volunteer for the purpose of contacting my child.

I understand that:

- BBBS does not discriminate in any way because of race, sex, sexual orientation, gender identity, color, religion, age, national origin, or income;
- As part of the enrollment process, I may be asked to provide additional information;
- The information I provide in the enrollment process will be kept confidential, unless disclosure is required by law or for the purpose of matching my child with a volunteer;
- Certain relevant information about my child will be discussed with their Big Brother/Sister;
- Incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- BBBS is not obligated to match my child with a volunteer.

If my child is matched with a volunteer mentor, I agree to support my child’s match by reviewing the program and safety information provided by BBBS, communicating with BBBS staff throughout my child’s match relationship, and immediately reporting any concerns I might have to BBBS staff.

**PUBLICITY RELEASE:**

BBBS has permission to use my child’s first name and/or photograph in materials to promote the agency.

**Yes**    **No**

I certify that all of the information on this form is true and correct. 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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_