

YOUTH APPLICATION & PARENT PERMISSION FORM

Thank you for your interest in the Big Brothers Big Sisters program. For any questions call **800-955-4376**. Please submit completed application via email to **mentor@bbbsnepa.org**, fax to **570-338-2894**, or mail to

Luzerne, Lackawanna, Columbia, Montour, and Wyoming County Office:

190 Welles St. Suite 168, Forty Fort, PA 18704

Monroe and Carbon County Office:

The Mountain Center - 354 Memorial Blvd., Tobyhanna, PA 18466

Lycoming County Office:

192 Beach Rd. P.O. Box 271 Montoursville, PA 17754

Parent/Guardian Name: _____

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

Other Guardian Name: _____

Phone Number: _____

Relationship to Child: _____

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:	Student ID Number:		



Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <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		<input type="checkbox"/> Other <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 Latino</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Other</i>	
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)? <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: 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 [once a week in the evenings or on the weekend] for the next year? Yes No
7. Does your child have any medical conditions that might affect them participating in activities with a Big?
 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? Yes No

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 No If yes, please explain:

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 OR for my child to participate in one-to-one meetings with a volunteer at a designated site-based location.
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 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 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 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 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 and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

Parent/Guardian Signature: _____

Date: _____

BBBS Staff Signature: _____

Date: _____

Copy offered:

- Accepted
- Rejected

