



Big Brothers Big Sisters Community Based Child/Youth Application



Child's Name: _____ Gender: _____ Race: _____ Date of Birth: ____/____/____

How did you hear about BBBS? _____

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Parent/Guardian Place of Employment: _____

Child's Living Situation (circle one): One Parent Female/ Male Two Parent Other (specify): _____

Household Income \$ _____ per year How many people live in your home? _____

Does your child(ren) receive Free/Reduced School Lunch? Yes _____ No _____

Do you or your children receive Income Assistance? Yes _____ No _____

Alternate Contact Person - Name: _____ Address with Zip: _____

Contact Number: _____ Type: Home/ Cell/ Work Their Relationship to Child: _____

What is the primary reason for you wanting your child to have a Big Brother/Big Sister? _____

I give permission (1) for my child to participate in the Big Brothers Big Sisters Program; (2) for the school to provide social, academic, and other information/ records about my child to Big Brothers Big Sisters that are useful or necessary in assessing, planning or implementing educational interventions by BBBS staff (e.g. report cards, phone numbers, STAAR/ EOC exams/ standardized test scores, attendance records, behavior reports/ referrals, ARD meeting documentation, counselor and teacher reports, special education referrals and tests, free/reduced lunch status, etc.); (3) for BBBS to disclose information to school representatives for the purpose of assessing, planning or implementing educational interventions (e.g. identifying information such as name, school ID, and social security number); (4) to have my child complete a questionnaire 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 my child to communicate with their volunteer over the phone, mail and/or via email (as approved by my child's ISD if child is part of School Based program); and (7) to Big Brothers Big Sisters for release of information regarding my child participating in the following**: Photographs, TV & Movies and General Information.

***Big Brothers Big Sisters incorporates photographs, slides, films, television/radio tapings, and/or pictures for the sole purpose of promoting the agency in the media on local and/or national broadcasting affiliates.*

I understand that no fees are charged for requesting a volunteer, and there is no guarantee my child will be accepted and/or matched. I recognize that the volunteer assumes no legal or financial liability for my child. I also understand that by signing this form I am giving permission for my son/daughter (minor child named above) to participate in the program and activities of Big Brothers Big Sisters, and in connection with such participation, that he/she be assigned a volunteer Big Brother or Big Sister. In consideration of my child being permitted to participate in the program and activities of the agency, 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 parent/guardian. I understand and consent to that in order for Big Brothers Big Sisters Lone Star (BBBSLS) to provide responsible and professional services, it is necessary for clients and parent/guardians of clients to disclose personal information.

I understand and consent to that all records are considered property of the agency, not of agency staff, clients, parent/guardians, volunteers or other authorized persons or representatives; information from the application, interview process, or match support process may be shared between BBBS, schools, and partnership agencies when applicable. I understand that personally identifiable information of students which is obtained from education records provided by any school district or school will only be used or re-disclosed by BBBS or its authorized representatives in accordance with requirements of the Family Educational Rights and Privacy Act (FERPA). Such information may not be re-disclosed to any third party (except back to the school district or school) without prior written consent of the school district or school, the parent or eligible student. Such information may not be used for any purpose other than the purpose stated in the agreement with the school district or school pursuant to which the information was obtained, and will only be disclosed to those authorized representatives of BBBSLS who have a legitimate interest in the program pursuant to which the information is provided.

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 understand that Big Brothers Big Sisters does not exclude Clients, Parents/Guardians, Volunteers, Staff or Board Members on the basis of race, color, national origin, gender, gender identity, marital status, sexual orientation, veteran status, religion, or disability.

Parent/Guardian Signature _____

Date _____

Your child's interview is unable to be conducted without a signed and completed application.

Turn over and complete back page

PLEASE RETURN THIS COMPLETED FORM TO:

Big Brothers Big Sisters Lone Star
450 E. John Carpenter Freeway, Suite 300, Irving, TX 75062
Phone: 214-441-2227 x711 (North TX) 713-271-5683 x711 (Houston) 888-887-BIGS (2447) x711 (Toll Free)
Fax: 1-866-405-2447 Email: intake@bbbstx.org



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Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Phone Number: _____

Volunteer Characteristics: Please explain if you have any preferences on the following characteristics of a Volunteer who may be matched with your child as a Big Brother or Big Sister.			
Race/ethnicity of the volunteer:		Marital status of the volunteer:	
Religion/faith of the volunteer:		Age of the volunteer:	
Sexual orientation of the volunteer:		Other:	

If you are enrolling a son, we continually have more female volunteers than male volunteers and will be able to match your son sooner if you are open to a Big Sister. Are you open to a Big Sister (if your son is 11 or younger)?

Yes _____ No _____

BBBS has several program options, including some that we receive special funding for. In order to provide these additional support services, we need to ask you a few more questions. Your answers will not influence your child's eligibility for the program.

1. Does your child have a family member who is currently:
 - (a) incarcerated? yes___ no___ Relation to Child: _____
 - (b) on parole? yes___ no___ Relation to Child: _____
 - (c) on probation? yes___ no___ Relation to Child: _____

2. Do you have a family member who was previously:
 - (a) incarcerated? yes___ no___ Relation to Child: _____
 - (b) on parole? yes___ no___ Relation to Child: _____
 - (c) on probation? yes___ no___ Relation to Child: _____

3. Does your child have a parent/ stepparent/ guardian currently on **Active Military Duty**? _____
 Does your child have a parent/ stepparent/ guardian in the military that is currently deployed? _____
 If yes, what relation are they to the child? _____
 Is your family a "Gold Star" military family? _____

4. Does your child have a parent/ stepparent/ guardian that is a **Veteran** of the military? _____
 Does your child have a parent/ stepparent/ guardian that is **Retired** from the military? _____
 If yes, what relation are they to the child? _____

School:

Child's School: _____ Child's ISD: _____

Grade: _____ Teacher: _____ Child's School ID # _____

Has your child ever been held back a grade due to failure? _____ If so, what grade level? _____

Has your child ever failed the STAAR test? _____ If so, what portion (ex: reading, math, science) and what grade level? _____

Has your child had problems with truancy in the past? _____ If so, when? _____

Has your child been adjudicated in the past? _____ If so, when? _____

Child's Health History:

List any allergies (animals, foods, medications): _____

Any conditions now requiring regular medication or treatment? Yes/No If so, please explain: _____

List any medications currently taking: _____

Any activities that child should/could not participate in? Yes/ No If so, please explain: _____