

*Big Brothers Big Sisters
Of
Monroe County*

Application

Child's Name: _____

Child's Date of Birth _____ Child's Gender _____ Child's Ethnicity _____

Child's School _____ Child's Grade _____

Parent/Guardian's Name: _____

Home Address: _____ City: _____

County: _____ State: _____ Zip: _____

Parent's Place of

Employment _____ Is Parent

Receiving Income Assistance? Yes No

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Best time to call: AM PM:

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

2. What is your living situation?

____ Two parent household _____ One Parent: _____ Female _____ Male

____ Other relative of child (non-parent) _____ Foster Home

____ Other: _____

List names and ages of all whom live in the household:

3. 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 describe: _____

4. Is there a person who shares custody of this child? _____ Yes _____ No
If yes, are they aware of the child's enrollment in BBBS? _____ Yes _____ No

5. Do you anticipate any significant life changes over the next year or have you had any in the past year? _____ Yes _____ No

If yes, please explain: _____

Big Brothers, Big Sisters of Monroe County Inc.,
Youth Interest Survey
(To Be Completed by Youth)

Please complete all the following. This survey will help Big Brothers, Big Sisters know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your Big? Please check all that apply.

Weekdays: ___ *Lunchtime:* ___ *After school:* ___ *Evenings:* ___

Weekends: ___

Other: ___

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

Please check all of the below that describe your personality:

- | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> quiet | <input type="checkbox"/> outgoing | <input type="checkbox"/> happy | <input type="checkbox"/> loving |
| <input type="checkbox"/> shy | <input type="checkbox"/> talkative | <input type="checkbox"/> moody | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> nervous | <input type="checkbox"/> friendly | <input type="checkbox"/> withdrawn | <input type="checkbox"/> energetic |
| <input type="checkbox"/> insecure | <input type="checkbox"/> a leader | <input type="checkbox"/> bored | <input type="checkbox"/> loyal |
| <input type="checkbox"/> lonely | <input type="checkbox"/> honest | <input type="checkbox"/> athletic | <input type="checkbox"/> confused |
| <input type="checkbox"/> dumb | <input type="checkbox"/> wonderful | <input type="checkbox"/> talented | |
| <input type="checkbox"/> upset | <input type="checkbox"/> hardworking | <input type="checkbox"/> serious | <input type="checkbox"/> musical |
| <input type="checkbox"/> clumsy | <input type="checkbox"/> dependable | <input type="checkbox"/> a follower | <input type="checkbox"/> confident |
| <input type="checkbox"/> lazy | <input type="checkbox"/> a listener | <input type="checkbox"/> mixed up | <input type="checkbox"/> timid |
| <input type="checkbox"/> smart | <input type="checkbox"/> silly | <input type="checkbox"/> average | <input type="checkbox"/> calm |

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Contract for Services

I understand that those children who have shown a need for a positive relationship with an interested adult and demonstrate an ability to maintain this relationship will be accepted into our program. If my child is accepted into Big Brothers/Big Sisters, I agree to cooperate with agency staff by maintaining contact and informing them of any changes that may occur.

I understand that my child may not be assigned a Big Brother or a Big Sister and that the agency can, at any time, terminate the match between volunteer and child if deemed necessary. Cases of suspected child abuse would be reported according to state law. No fees are charged for requesting a volunteer (Big Brother/Sister) and the volunteer assumes no legal or financial liability.

The Big Brothers/Big Sisters service has been described and explained to me. It is with my knowledge and consent that _____ applies to become a Little Brother/Sister and be active in the Big Brother/Big Sister program.

In consideration of the above, the undersigned parent/guardian releases and discharges Big Brothers/Big Sisters of Monroe County, Inc., its agents, and officers, from all liability in connection with said child's participation in its program and activities.

I agree to these conditions and hereby apply for services for my child from Big Brothers/Big Sisters of Monroe County, Inc.

Signature of Parent/Guardian

Case Manager

*Big Brothers Big Sisters
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Information Release Authorization

I, _____, hereby authorize the release of school records, medical information, clinical findings, results of psychological examinations and/or any other pertinent data to Big Brothers/Big Sisters of Monroe County, Inc. for my child _____.

1. Name of Person(s) or organization(s) to whom disclosure is to be made:

Big Brothers Big Sisters of Monroe County, Inc.

2. Specific type of information to be disclosed:

Personal Information pertinent to the character of the person listed above

3. The purpose and need for such disclosure:

To determine the ability of a child to develop a positive relationship with an adult.

Witnessed By

Parent/Guardian Signature

Date Witnessed

Date Signed

This client information release authorization form is prepared by Big Brothers /Big Sisters of Monroe County, Inc. in accordance with the authority specified in Public Act 56 of 1973. This form is in compliance with Title 42 or the Code of Federal Regulations, Part II.

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Medical Release

Child's Name: _____ Child's Address: _____

Doctor's Name: _____ Doctor's Phone: _____

Hospital Name: _____ Hospital Address: _____

Phone # where Parent/Guardian can be reached _____ or _____

Name of all Medications & dosage your child is currently taking: _____

Any Handicaps: _____ Allergies: _____

Limitations or restrictions: _____ Dr. Prescribing: _____

List any activities your child should **NOT** participate in: _____

Medical Insurance Company: _____ ID #: _____

My child has my permission to attend Big Brothers-Big Sisters activities with our Big Brother Big Sister agency staff or his/her assigned Big Brother/Big Sister.

In the event of an emergency, I wish to be contacted as soon as possible. If unable to be reached,

_____ I am willing for my child to receive first aid treatment and additional medical care if needed.

_____ I prefer no additional medical care be given.

In consideration of the above, the undersigned parent/guardian releases and discharges Big Brothers Big sisters of Monroe County Inc. and their agents and officers from all liability in connection with said child's participation.

Date: _____ Signature: _____

**Big Brothers Big Sisters
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Child Media Release Form

I hereby agree and consent to my child's participation in and the use of my child's name for the intent and purpose of promotion, sales, copyrighting, advertising, etc., by Big Brothers/Big Sisters of Monroe County, Inc., or its licensees or member organization including but not limited to, media (newspaper, photograph, radio, video, TV, Internet, etc.) coverage and the use of any items or ideas i.e. posters, writing, pictures, etc. I waive all claims for any compensation for such use or for any damages. I understand that any and all material will become the sole property of Big Brothers/Big Sisters of Monroe County, Inc.

Printed name of Minor: _____

Client's Signature Date

Child's Signature Date

Address: _____ City, State, Zip _____

I have refused to sign this release for the following reasons:

**Big Brothers Big Sisters
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Parental Match Authorization

I give permission for my child, _____, to participate in the Big Brothers Big Sisters program. I understand that the BBBS agency 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 personal information. If my child is matched with a Big Brother or Big Sister I agree to support my child's match and to immediately report any concerns I might have to the Big Brothers Big Sisters staff.

Signed: _____ Date: _____