



# Big Brothers Big Sisters of Decatur County

## CHILD APPLICATION

Which program are you applying for?

Lunch Buddy (in-school ONLY)

Community-Based Program

### Parent/Guardian Information

Parent/Guardian Name (First & Last):	Relationship to Child:	Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City, State, ZIP Code:	Email:
Phone Number:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the best time to contact you?

### Child Information

Child's Name (First & Last):	Child's Preferred Name/Nickname:	Child's Date of Birth:
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's School:	Child's Grade:
Child's Living Situation: <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household <input type="checkbox"/> Foster Home <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Male		
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Other		
Is your child eligible for free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a caregiver with military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a parent who is currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any allergies or health conditions that may affect your child's participation in Big Brothers Big Sisters.		
How did you hear about BBBS? <input type="checkbox"/> School <input type="checkbox"/> Religious Organization <input type="checkbox"/> Website/Social Media <input type="checkbox"/> Relative <input type="checkbox"/> Service Organization <input type="checkbox"/> Other: _____		



## **Big Brothers Big Sisters** of Decatur County

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;
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 his/her 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 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 as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

I give permission for Big Brothers Big Sisters of Decatur County to use my child's picture and name for publicity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_