

System Information (Juvenile Court/Children's Services)

System Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency/Contact Person:
System Involvement Update:	System Involvement Comments:

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"/> Other:	<input type="checkbox"/> Group Home

Parent/Guardian Information

Primary Parent/Guardian Name:	
Home Address: <input type="checkbox"/> Same as child	
Parent/Guardian Workplace:	
Relationship to child:	Work Contact Phone Number:
Home Phone:	Can you be reached at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone:	Work Email:
Is it ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Record Type: Parent/Guardian
Best Contact: Home Cell/Mobile Work	Best time to reach:
Is it ok to add your email to our mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No Which email? Home Work	

Additional Parent/Guardian Information

Additional Parent/Guardian Name:	
Home Address: <input type="checkbox"/> Same as child	
Parent/Guardian Workplace:	
Relationship to child:	Work Contact Phone Number:
Home Phone:	Can you be reached at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone:	Work Email:
Is it ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Record Type: Parent/Guardian
Best Contact: Home Cell/Mobile Work	Best time to reach:
Is it ok to add your email to our mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No Which email? Home Work	

Additional Adult Contact Person for Child in the event that we cannot reach you

Name:	Phone Number:
Relationship to child/family:	
Address:	

Internet & Virtual Capabilities

Do you have Wi-Fi or Internet Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a computer or device for virtual meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL QUESTIONS

1. What is the primary reason for your 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?

4. Do you have siblings you are interested in applying for the program or who are currently in the program?
 Yes No If yes, names: _____

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 at least twice a month for the next year? Yes No

7. Does your child have any special medical conditions or allergies that might affect him or her from participating in activities or need to be shared with a Big Brother/Big Sister? Yes No If yes, please explain: _____

8. Has your child ever been arrested or involved in the juvenile justice system?
 (Answering yes to this question will not affect your child's acceptance into Big Brothers Big Sisters program.)
 Yes No If yes, please explain: _____

9. Within the last year, has your child been in any trouble at school? Yes No If yes, please explain:
 - Poor Grades
 - Skipping school/classes
 - Truant
 - Behavior problems (Please describe: _____)
 - Has been suspended (Reason for suspension: _____)
 - Has been expelled (Reason for expulsion: _____)
 - Sent to an alternative school (Reason for school change: _____)

10. Several of our schools also have site-based programs that take place either after school or during the school day. If we have an available space in a site-based program at your child's school, can we utilize this information to be used for that application as well. Yes* No
 (*If marked yes, we will contact you with additional information.)

Orientation, Interview, Pre-Match Training Office Information		Interviewer/Case Manager: _____
Scheduled Date: _____	Time: _____	Location/Method: _____
Parent/Guardian Date: _____	Time: _____	Location/Method: _____
Child Interview Date: _____	Interview Time: _____	Location/Method: _____
Scheduled Pre-Match Training Date: _____	Time: _____	Location/Method: _____

COPPA PARENTAL CONSENT FORM

Notice to Parents In compliance with the Children’s Online Privacy Protection Act (COPPA), parents (or legal guardians) of children under 13 years of age must consent to collections, uses and disclosures of the personal information of their children collected by Big Brothers Big Sisters of Shelby & Darke county on Big Brothers Big Sisters of Shelby & Darke county and NATIONAL websites, including www.bigbrobigsis-shelbydarke.org, bbbs.org, MatchConnect, bbbsa.force.com, forms.bbbs.org and formstack.io. Big Brothers Big Sisters of Shelby & Darke county COPPA statement is incorporated in the website Privacy Policy here: Big Brothers Big Sisters of Shelby & Darke county may have collected your online contact information from your child, as well as the name of the child or the parent, in order to obtain your consent. Your permission is required for the collection, use, or disclosure of your child’s personal information. We will not grant your child access to any BBBS website account unless you provide us with permission. BBBS website accounts provide access to BBBS content, materials, and resources relating to BBBS programs and activities, including information pertaining to [MATCHES ETC.]

By signing and returning this form to Big Brothers Big Sisters of Shelby & Darke County, you certify that you consent to the collection, use and/or disclosure of your child’s personal information as described in Big Brothers Big Sisters of Shelby & Darke County’s privacy policy.

You may revoke your consent at any time to refuse further collection and use of your child’s information. If you desire to revoke this consent, please write down your revocation of consent and scan and email the signed form to info@bigbrobigsis-shelbydarke or mail it to us at Big Brothers Big Sisters of Shelby & Darke county P.O. Box 885 Sidney, OH 45365.

ACTIVITY/TRANSPORTATION RELEASE

I hereby signify that I understand that Big Brothers Big Sisters of East Central Ohio and all other organizations and persons connected with BBBS sponsored activities are not to be held responsible for any injuries which I or my child may suffer while taking part in such activities or as a result thereof. I also hereby signify that I understand that the volunteer and/or staff from the BBBS organization will be transporting my child to and from activities and match related outings. BBBS will not be held responsible for any injuries which my child may suffer while being a passenger in the volunteer’s/staff person’s car. In this connection, I hereby waive any claim for damages to my person or property against BBBS.

I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.

Verifiable Parental/Guardian Consent

CHILD’S FULL NAME: _____ CHILD’S DATE OF BIRTH ____/____/____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____