

Mark the box for the site-based program(s) your child is interested in.

**Sidney City Schools**

- Emerson Big Buddies (grades K-2)  
 Longfellow Big Buddies (grades K-2)  
 Northwood Big Buddies (grades 3-4)  
 Sidney Middle School Lunch Buddies/AVID (grades 5-8)

**Jackson Center Schools**

- Jackson Center Lunch Buddies (JC Students in Grade 4)

**Shelby County Site-Based Program**

- Sports Buddies (Male Littles Ages 8 and up)

**Shelby County Community Based Program**

- Shelby County Community Based Program (Shelby County Youth ages 5-16)

If you are interested in the Community Based Program, or have questions about what that means, please check this box and we will reach out to you.

Child's First Name:		Middle Name:		Last Name:	
Preferred Name/Nickname :		Child's Gender:		Child Date of Birth:	
Parent/Guardian Name:		Relationship to Child:		Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____					
Parent Cell Phone #:		Child Cell Phone #:		Home 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:		State:	Zip:
					County:
Parent/Guardian E-mail:					
Child's School:		Grade:		HR or Intervention Teacher:	
Child's Race/Ethnicity:		Nationality/Country of Origin: _____			
<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"/> 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			
<b>Parent Place of Employment:</b>					
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)?			Please list an emergency contact:		
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			Name: Phone Number: Relationship to Child:		

**Please mark the appropriate answers below:**

1. Big Brothers Big Sisters receives funding to provide mentors to children who have parent(s) or parent figure (Aunt, uncle, brother, etc) in prison. Does your child have a parent or parental figure in prison at this time?

Yes No If yes, please explain:

2. 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

3. Has your child ever been arrested or involved in the juvenile justice system? Yes No

If yes, please explain:

4. 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:\_\_\_\_\_)

5. Number of people (adults and children) in household: \_\_\_\_\_

6. Is parent/guardian receiving income assistance? Yes No

7. Is parent/guardian receiving assistance with housing (i.e. Section 8, residence in public-housing, etc.)? Yes No

If living in a housing development, please list the name: \_\_\_\_\_

8. Does your child receive free or reduced lunch?  Yes- Free  Yes - Reduced  No

9. Please check your estimated household income:

0-\$10,000  \$10,001-\$15,000  \$15,001-\$20,000  \$20,001-\$30,000  \$30,001-\$50,000  \$50,001+

10. Does your child receive any of these services?

Special Education  Speech Therapy  Tutoring  In-school Counseling  Other Counseling

Describe:

11. Do you anticipate any significant life changes over the next year or have you had any in the past year (i.e. moving, child changing schools, etc.)?

12. Does your child have any medical conditions (including food allergies) that might affect him or her participating in activities with a Big Brother/Big Sister?

13. What strengths does your child have that a Big might be able to help grow?

14. What are some of the needs your child has (could be social, emotional, behavior, or academic) that a Big may be able to help him/her with?

15. Are there other ways you think a Big Brother or Big Sister can support your child?

16. How would you describe the best mentor for your child?

*We will make every effort to honor your preferences for your child's mentor. BBBS does not discriminate on the basis of race, ethnicity, gender, marital status, sexual orientation, or religion.*

17. Is there anything else we need to know before matching your child with a Big?

**By signing below, I give permission:**

- For my child to participate in the Big Brothers Big Sisters Program;
- For my child to participate in the BBBS program in a virtual capacity should it become necessary (directions would be sent home in the event that the program have any virtual programming);
- For the school or other social service agencies to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
- To have my child participate in an enrollment 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;
- To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
- For BBBS staff to provide contact information to the volunteer for the purpose of contacting my child.
- For BBBS staff to use my child's name (or mine) in photographs, in publications, and promotional materials.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. 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 shared in my child's in-take interview).

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 at least once per semester and once during summer break, and immediately reporting any concerns I might have to the school or Big Brothers Big Sisters staff.

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

**STUDENT MEDICAL INFORMATION AND AUTHORIZATION FOR TREATMENT**  
\*FOR PROGRAMS OPERATING AFTER SCHOOL HOURS

**Student Information:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Do you have any special needs, medications, allergies, or conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian or Other Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information and Consent for Treatment:**

Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital or Emergency Treatment: \_\_\_\_\_

**Authorization:**

In the event of an emergency, I authorize my child's Big Brothers Big Sisters of Shelby and Darke County staff to administer first aid and to take my child to the nearest hospital as appropriate. I further authorize emergency medical treatment for my child.

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

\_\_\_\_\_  
ADDITIONAL NOTES IF NEEDED: