



SCHOOL MENTORING YOUTH APPLICATION AND PARENT PERMISSION FORM

School your child will attend in 2024-2025: [Longfellow] [Sidney Middle School] [Jackson Center]

GRADE: _____ [Emerson] [Northwood]

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?

- Two-parent household
 One-parent household (Female / Male)
 Other relative of child (non-parent)
 Foster Home
 Group Home

Other: _____

Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	----------------------	---------------------	---

Home Address:	City:	County:	State:	Zip:
---------------	-------	---------	--------	------

Parent/Guardian E-mail:	Child E-mail:
-------------------------	---------------

Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <i>*Shirt type/design will dictate sizes available. We will do our best in accommodating sizes.</i>	Teacher:
--	----------

Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska <input type="checkbox"/> Native Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Islander White	Other 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
--	--

Nationality/Country of Origin: United States Other: _____

For the purposes of Data Tracking for our United Way Funding:

Parent(s) Place(s) of Employment: _____

Please circle the best number and time to contact parent/guardian:

Best Contact: Home Cell Work

Best Time: Morning Afternoon Evening

Please list an emergency contact:

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 no, skip to question three.*

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. Please explain: _____

No

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: _____

Additional Questions:

11. What strengths does your child have that mentoring might be able to help grow?

12. What are your child's needs (could be social, emotional, behavior, or academic) that mentoring will be able to help with?

13. Are there other ways you think mentoring can support your child?

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

If enrolling in a 1-to-1 program where we match with one specific Big, 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.

15. For 1-to-1 mentoring programs, is there anything else we need to know before matching your child with a Big?

16. 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.)?

17. 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?

SCHOOL MENTORING YOUTH APPLICATION AND PARENT PERMISSION FORM

By signing below, I give permission:

- For my child to participate in the Big Brothers Big Sisters Program;
- For the school 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 or speaker 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.

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 and Darke County on agency and national websites, including www.bigbrobigsis-shelbydarke.org, bbbs.org, [MatchConnect](http://MatchConnect.org), bbbsa.force.com, forms.bbbs.org and formstack.io.

Parent/Guardian Printed Name: _____ **Child Name:** _____
Parent/Guardian Signature: _____ **Date:** _____

Please list family members/siblings who are involved in BBBS Programming and which school they are at.

2024-2025

Sibling Name: Grade: School:

_____ _____ Longfellow Sidney Middle School Jackson Center Emerson Northwood

_____ _____ Longfellow Sidney Middle School Jackson Center Emerson Northwood

_____ _____ Longfellow Sidney Middle School Jackson Center Emerson Northwood

_____ _____ Longfellow Sidney Middle School Jackson Center Emerson Northwood

_____ _____ Longfellow Sidney Middle School Jackson Center Emerson Northwood