



BIG BROTHERS BIG SISTERS *of the Black Hills*  
 425 Kansas City Street  
 Rapid City, SD 57701  
 Office: (605) 343-1488  
 FAX: (605) 343-5679  
 Website: [www.bigmentors.com](http://www.bigmentors.com)

## Membership Application for Little Brothers/Little Sisters

### LITTLE BROTHER/LITTLE SISTER

Child's Sex: **Male** **Female**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Street/Mailing Address: \_\_\_\_\_

Child lives with: \_\_\_\_\_  
Street City Zip Code  
 Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

### FAMILY INFORMATION

#### ***MOTHER:***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street/Mailing Address: \_\_\_\_\_

Street City Zip Code  
 E-Mail Address: \_\_\_\_\_  
 Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Race: \_\_\_\_\_ Education: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Can you receive phone calls at work? \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

#### ***FATHER:***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street/Mailing Address: \_\_\_\_\_

Street City Zip Code  
 E-Mail Address: \_\_\_\_\_  
 Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Race: \_\_\_\_\_ Education: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Can you receive phone calls at work? \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

#### ***GUARDIAN (if child is not living with parent):***

Guardian's name and relationship to child (i.e., grandparent, aunt/uncle, family friend, unrelated, etc.):  
 \_\_\_\_\_

#### ***HOUSEHOLD:***

Please list anyone living in the home with your child, their ages and relationship to your child:  
 \_\_\_\_\_  
 \_\_\_\_\_

#### ***OTHER SERVICES:***

Are you currently receiving services from any other agencies or institutions? \_\_\_\_ If yes, please list the services you're currently receiving. \_\_\_\_\_

Does the absent parent pay child support? \_\_\_\_\_ Do you receive TANF benefits? \_\_\_\_\_  
 Does your child receive free or reduced lunch? \_\_\_\_\_ Other financial support? \_\_\_\_\_  
 If so, what? \_\_\_\_\_

## FAMILY HISTORY

If your child is being raised in a single-parent home, how did you become a single-parent?

Divorce    Death    Separation    Desertion    Never Married

**Please include date and cause of separation, divorce, or death:** \_\_\_\_\_

Have there been any drug or alcohol abuse issues in the child's family? \_\_\_\_\_ Has

your child been sexually abused? \_\_\_\_\_ Has your child been physically abused? \_\_\_\_\_

If yes, by whom and when? \_\_\_\_\_ Was it reported? \_\_\_\_\_

## DESCRIBE CHILD'S PERSONALITY

Please **check** those, which best describe your child:

<input type="checkbox"/> Lack's self-confidence	<input type="checkbox"/> Assertive	<input type="checkbox"/> Shy, withdrawn
<input type="checkbox"/> Wants his/her own way, bossy	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Mature for age
<input type="checkbox"/> School problems	<input type="checkbox"/> Immature for age	<input type="checkbox"/> Friendly, outgoing
<input type="checkbox"/> Well-behaved	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resents authority
<input type="checkbox"/> Responsible	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Inactive, sedentary

Please add any other comments that would describe your child's personality and behavior:

## SUMMARY

How did you learn about our Program? \_\_\_\_\_

What are your expectations for your child through the Program? \_\_\_\_\_

Please list your nearest relative or friend, whom we can contact in case we can't reach you or in case of an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

The information given in this application will be kept confidential and will be used by the Agency in matching your child with a Big Brother or Big Sister and to enable him/her to participate in activities.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

## PARENT/CHILD VOLUNTARY RELEASE

When a child and volunteer are considered for a match due consideration is given to those relevant factors that may significantly affect the volunteer/child relationship.

I hereby acknowledge, stipulate and agree that Big Brothers Big Sisters of the Black Hills is in no way obligated to assign, match or actively seek to assign or match a volunteer to my child. I further acknowledge, stipulate, and agree that Big Brothers Big Sisters of the Black Hills makes no guarantees, assurances, or other commitments, either express or implied, as to the impact or results of a match upon any of the parties involved. In recognition thereof, I hereby agree to hold harmless and free from any liability whatsoever the Big Brothers Big Sisters agencies, both local and national, and all agents and representatives thereof, resulting from any event, circumstance, or occurrence associated with their efforts.

- I have read this document.
- I understand it is a release of all claims.
- I voluntarily sign my name evidencing my acceptance of the above provisions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Full Name

\_\_\_\_\_  
Print Child's Full Name

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## TALENT/MEDIA RELEASE

I hereby consent to the use, sale, reproduction, transfer, or conveyance, of any and all photographs, images, likenesses, and voice recordings of my child in all forms (with or without the use of my name) by Big Brothers Big Sisters of the Black Hills, or by any designee of the Agency.

I hereby consent to the use of all forms of media including advertising, trade, display, editorial, art, exhibition and Agency newsletters (with or without my photograph and/or my name). I hereby give this consent and release to Big Brothers Big Sisters of the Black Hills, their nominees and designees from liability for any violation of any personal or proprietary right and agree to hold Big Brothers Big Sisters of the Black Hills harmless from all liability from the use, sale, reproduction, transfer or conveyance of the aforementioned items.

- I have read this document.
- I understand it is a release of all claims.
- I voluntarily sign my name indicating my acceptance of the above.

**Check one:**     I give my consent (SIGN BELOW)

I don't give my consent (DO NOT SIGN BELOW)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Full Name

\_\_\_\_\_  
Print Child's Full Name