



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

**Membership Application
for New Mother**

NEW MOTHER

Name: _____ Birth Date: _____

Street/Mailing Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Best Time to Call: _____

E-Mail Address: _____ Marital Status: _____ Race: _____

Employer: _____ Work Phone: _____ May we call you at work? _____

Current School and Grade: _____

How did you learn about the Mother Mentor Program? _____

What is your greatest concern about parenting at this time? _____

In which other areas of your life would you like assistance? _____

FAMILY/HOUSEHOLD INFORMATION

Parent or Spouse/Significant Other's Name: _____

Name(s) and Birthdate(s) of child(ren): _____

If pregnant, due date: _____ Physician's name: _____

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

Phone: _____ Address: _____

The information given in this application will be kept confidential and will be used by the Agency in matching you with a Mother Mentor and to enable you to participate in activities.

New Mother Signature

Parent/Guardian Signature
(If New Mother is under 18 years of age)

Date

NEW MOTHER VOLUNTARY RELEASE

When a mother and volunteer are considered for a match, due consideration is given to those relevant factors that may significantly affect the volunteer/new mother 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 for me. 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.

New Mother Signature

Date

Print New Mother Full Name

Parent/Guardian Signature (If New Mother is under 18 years of age)

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 myself and my child(ren) 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 and/or my child(ren)'s photograph and/or my and/or my child(ren)'s 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)

New Mother Signature _____ Date: _____

Print New Mother Full Name: _____

Print Child(ren)'s Full Name(s): _____

Parent/Guardian's Signature (If New Mother is under 18 years of age): _____