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YOUTH APPLICATION

COMMUNITY-BASED PROGRAM

MISSION

Provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.

COMMUNITY-BASED PROGRAMS OFFERED

- **Big Brothers, Big Sisters, Big Couples (married), and Big Families:** These programs are designed to match children between 5 and 15 years old, with an adult who can serve as a positive role model, giving a child a chance to see their unlimited potential and providing the opportunity to develop into a more responsible, successful, well-rounded individual.
- **Outdoor Adventure Program** is designed to instill in children a lifelong enthusiasm and respect for hunting, fishing, wildlife and habitat conservation, and landowner appreciation while providing a complete realistic hunting experience. Hunter safety is emphasized. **Children must turn 12 before December 31st of that hunting year.**
- **Campus Kids** is a staff supervised group mentoring program specifically for children waiting for a Big Brother or Big Sister. It meets once a week on the SD School of Mines & Technology campus and is led by college student volunteer mentors.

COMMUNITY-BASED CLIENT APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian _____ Relationship to child _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the BBBS program? Yes No

Name _____ Phone Number _____

Child's First Name		Middle Name	Last Name		
Preferred Name/Nickname		Child's Gender:	Child Date of Birth		
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 _____					
Home Phone #:	ParentGuardian Cell Phone #:	Child Cell Phone #:	Is it okay to text parent/guardian? <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:			
Child's School:		Grade:	Teacher:		
Child's Race/Ethnicity:					
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other					
<input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply)					
<input type="checkbox"/> Black or African American <input type="checkbox"/> <i>American Indian or Alaska Native</i>					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>Asian</i>					
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <i>Black or African American</i>					
<input type="checkbox"/> White <input type="checkbox"/> <i>Hispanic or Latino</i>					
<input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i>					
<input type="checkbox"/> <i>White</i>					
<input type="checkbox"/> <i>Other</i>					
Nationality/Country of Origin:					
Parent/Guardian Place of Employment:					
Parent/Guardian Work Phone #:					
May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<p>Please check the best number and time to contact you (the parent/guardian)?</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p><input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</p>	<p>If we are unable to reach you, who is someone we could call who always knows how to reach you?</p> <p>Name: Phone Number: Address:</p>
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How did you hear about our program?

What is the primary reason for you wanting your child to have a Big Brother or Big Sister?

Does your child know that you are applying for the program? Does your child want to participate?

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:

Will your child be able to meet with their Big one hour a week for the next year?

Yes No

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

Yes No If yes, please explain:

Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program? Yes No If yes, please provide their name(s):

Number of people (adults and children) in household: _____

Please list anyone living in the home; including their ages and relationship to the child:

Is the parent/guardian receiving income assistance at this time? Yes No

Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?

Yes No

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

Is child eligible for free or reduced lunch? Yes - Free Yes - Reduced No

Household Annual Income: (total income of the adults the child lives with)

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

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

Does your child have a parent/guardian who is currently incarcerated? Yes No

If yes, please explain:

If your child is being raised in a single parent home, how did you become a single parent? Please include date and cause of separation, divorce, or death.

Divorce Death Separation Desertion Never Married

Have there been any drug or alcohol abuse issues in the child's family? Yes No

If yes, please explain:

Has your child been physically abused? Yes No

If yes, by whom and when? _____

Was it reported? Yes No

Has your child been sexually abused? Yes No

If yes, by whom and when? _____

Was it reported? Yes No

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

If yes, please explain:

Within the last year, has your child been in any trouble at school? Yes No

- Poor Grades Skipping school/classes Truant Behavior problems
 Has been suspended Has been expelled Sent to an alternative

If yes, please explain:

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:

CONSENT / UNDERSTANDING

By signing below, I give permission:

- 1) For my child to participate in the Big Brothers Big Sisters Program
- 2) For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters, to transport my child to events and match activities
- 3) For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports)
- 4) To have my child participate in an in-take 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
- 5) To have my child talk with a Big Brothers Big Sisters staff person about personal safety
- 6) For BBBS staff to provide contact information for me and my child to the volunteer

Parent/Guardian Signature: _____ Date: _____

Please read the following carefully before signing this application:

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person interview. 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 relevant to child-safety and well-being).

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 as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

Parent/Guardian Signature: _____ Date: _____

TALENT / MEDIA RELEASE

I hereby consent to the use, sale, reproduction, transfer, or conveyance, of any and all photographs, images, likenesses, and voice recording of me 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.

Please check one:

_____ I have read this document, understand it is a release of all claims, and **consent** to the above.

_____ I **do not consent** to the above.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Full Name _____ Print Child's Full Name _____