



COMMUNITY-BASED YOUTH APPLICATION AND GUARDIAN PERMISSION FORM

Guardian _____ Relationship to child _____

Child's First Name:		Middle Name:	Last Name:		
Preferred Name/Nickname :		Child's Gender:	Child Date of Birth:	Age:	
What is the child's living situation?					
<input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____					
Caseworker Phone #:	Foster Parent Cell Phone #:	Child Cell Phone #:	Child's Race/Ethnicity:		
Address:	City:	County:	State:	Zip:	
Caseworker E-mail:		Foster parent E-mail:			
Child's School		Grade:	T-shirt size:		
If we are unable to reach you, who is someone we could call who always knows how to reach you?					
Name:					
Phone Number:					

10. Within the last year, has the youth 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: _____)

11. Does the youth see a counselor or therapist: Yes No

If yes, please explain: _____

Name of counselor and/or agency: _____

12. Are you willing to accept a Mentor Couple for the youth? Yes No

13. Has your child been affected by opioid use (pain pills, heroin) from a loved one?

Yes What is the relationship to your child? _____

No

BY MY SIGNATURE BELOW, I GIVE PERMISSION TO

1. For the youth to participate in the Big Brothers Big Sisters/SOAR program;
2. For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters/SOAR, 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/SOAR (e.g. report cards, behavior reports);
4. To have my child participate in an in-take interview conducted by Big Brothers Big Sisters/SOAR 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/SOAR staff person about personal safety;
6. For BBBS/SOAR staff to provide contact information for me and my child to the volunteer.

I understand that my information must remain current at all times. I will make contact to update any of the following information when necessary: phone numbers, address, email address, emergency contacts, employer contact information, alternate parent information, and family situation. I understand that failure to contact the agency within a reasonable amount of time regarding these changes may result in program termination.

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. 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.

I will attend a guardian orientation and a BBBS/SOAR staff person reviewed the agency's programs, eligibility requirements for children and volunteers, the application process, match supervision, EMPOWER training, and the waiting list.

If the youth is matched with a Mentor I agree to support the youth match by reviewing the program and safety information given to me by Big Brothers Big Sisters/SOAR, communicating with Big Brothers Big Sisters/SOAR 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/SOAR staff.

Guardian Signature: _____ **Date:** _____

PUBLICATION/MEDIA CONSENT FORM

I, _____, give Big Brothers Big Sisters of Greater Birmingham/SOAR permission to feature my child in the following publications / media outlets:

_____ Agency Newsletter, Brochures, Website, Television, social media and news outlets

Or,

_____ Please Do Not use my name or photograph in any form of print or media outlet.

Big Brothers Big Sisters of Greater Birmingham/SOAR is dedicated to serving the best interest of the children enrolled in its mentoring programs.

Guardian Signature

Date

Mentoring Coordinator

CHILD INFORMATION FORM

Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Foster Parent / Guardian: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

School: _____

Church: _____

Hobbies: _____

Dislikes: _____

What kind of Mentor would best suit this youth (including gender and personality type)?

Something interesting about this child: _____

Enrollment and Matching: _____

Program: _____

Date: _____

Has Media Permission Form been signed? Yes _____ No _____