



COMMUNITY BASED CHILD APPLICATION

Please fill out completely using blue or black ink. All information is confidential.

Dear Parent/Guardian:

Big Brothers Big Sisters is a one-on-one mentoring program. In this program a child is “matched” with a Big Brother or Big Sister volunteer. The volunteer will visit your home or your child’s school once a week, to spend about 2-5 hours working on schoolwork, visiting local establishments, playing games, sports, etc, with a one-year commitment. If you would like your child to have this opportunity, please fill out the application below and return it to your child’s school or directly to our offices at P.O. Box 627, High Point, NC 27261.

School/ Program: _____ Date: _____

Teacher/ Counselor: _____

Room #: _____ Grade: _____

CHILD INFORMATION

Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Birth Date: _____ Gender: M F

*Ethnic Origin (optional):

- African American Asian Caucasian Hispanic Multi-Racial Native American
 Somali Other _____

PARENT/GUARDIAN INFORMATION

Parent or Guardian Name(s): _____ Relationship to Child: _____

Place of Employment: _____ Email Address: _____

Work Phone: (____) _____ Can you be reached at work? Yes No

Cell Phone/Pager: (____) _____ Best time and number to reach you: _____

*Is either parent incarcerated? Yes No If English is not your first language, what is? _____

*Household income (optional):

<input type="checkbox"/> Below \$4,999	<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> Unknown
<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$40,000 - \$59,999	
<input type="checkbox"/> \$10,000 – \$19,999	<input type="checkbox"/> Over \$60,000	* <input type="checkbox"/> Income Assistance

*Free/Reduced Lunch? _____

*Living Situation:

<input type="checkbox"/> One Parent – Male / Female (circle one)	<input type="checkbox"/> Group Home
<input type="checkbox"/> Two Parent	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Other Relative _____	<input type="checkbox"/> Unknown

***This information is used for funding only. Your child’s name will not be used.**

Has your child been involved with Big Brothers Big Sisters before? _____
If yes, where and when? _____

In the event that I cannot be reached in an emergency, please notify, or leave my child in the care of:

Name: _____ Relationship: _____ Telephone: (____) _____

Address: _____

Please check all the words that apply to your child's personality/behavior. (This information will be used to select a volunteer for your child):

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Musical | <input type="checkbox"/> Needs Help with Schoolwork |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Good Student |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Follows Others |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Does his/hers own thing |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Polite | <input type="checkbox"/> Doesn't Like School |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Neat | <input type="checkbox"/> Other |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Disorganized | |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Likes School | |

Does your child have special needs, medications, allergies or conditions? Yes No

Please list: _____

Please list any preferences regarding your child's volunteer: _____

Permission Form

I, _____, understand that my child, _____, has been
Parent/Guardian Name Child's Name
selected to participate in a mentoring program with Big Brothers Big Sisters of the Central Piedmont. By signing below:

1. I grant permission for him/her to participate in all scheduled activities.
2. I understand that contact between my child and his/her mentor may occur outside of school, or during the school day.
3. I _____, hereby authorize _____
Parent/Guardian My Child's School System

to release to Big Brothers Big Sisters of the Central Piedmont, my child's academic, attendance, and behavioral information for any school year in which my child participates in the program, by school personnel. I understand that this information may be used to confirm application requirements and for statistical purposes. **Confidentiality is maintained.**

4. I wish to indicate my desires regarding the use of my child's name and photograph in publications by circling the appropriate statement below:

I do / I do not consent (*circle one*) to the use of identifying information and video, film, and photographs in publications and promotional materials.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian