



STUDENT (Little) APPLICATION

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

School/ Program _____ Date _____

Teacher/ Counselor _____

Room # _____ Grade _____

STUDENT INFORMATION:

Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

*Ethnic Origin (optional):

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

PARENT/GUARDIAN INFORMATION:

Parent(s) or Guardian Name: _____ 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? _____

- *Living Situation:
- One Parent – Male / Female (circle one) Group Home
 - Two Parent Foster Home
 - Other Relative _____ Unknown

*This information is used for funding only. Your child's names will not be used.

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

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:

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

←===== (OVER) =====→

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):

- Happy
- Sad
- Loud
- Quiet
- Outgoing
- Shy
- Athletic

- Musical
- Hyperactive
- Disrespectful
- Disorganized
- Polite
- Neat
- Likes School

- Needs Help with Schoolwork
- Good Student
- Follows Others
- Does his/hers own thing
- Doesn't Like School
- Artistic
- Other

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 Fairfield County. By signing below:

1. I grant permission for him/her to participate in all scheduled activities.
2. I understand that all contact between my child and his/her mentor will occur in a site-based supervised setting. If I want to extend my child's mentoring relationship beyond this program, I understand that I must contact the Big Brothers Big Sisters Program Coordinator to discuss my interest and to complete additional screening procedures that are required.
3. I _____, hereby authorize _____
Parent/Guardian My Child's School

to release or disclose to Big Brothers Big Sisters of Fairfield County information regarding my child's academic, attendance, and behavioral status for the current and previous school years. I understand that this information may be used to confirm application requirements, may be discussed with a potential Big Brother or Big Sister, or used for statistical purposes. **Confidentiality is maintained.**

4. My child and I have received information regarding Child Sexual Abuse prevention
5. 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 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

