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PARENT/GUARDIAN APPLICATION FOR CHILD PARTICIPATION

COMMUNITY OR SCHOOL/SITE BASED MENTORING PROGRAM

We are glad you are interested in Big Brothers Big Sisters! Please fill out this information for us prior to our meeting. All information is kept strictly confidential.

Please check which program you wish to enroll your child in. Check both if you have no preference: Community-Based Mentoring Program School-Based Mentoring Pal Program

Person completing this application: Mother Father Other: _____

Child's Name: _____ Likes To Be Called: _____

Child's Birth Date: _____ Age: _____ Gender Male Female

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Best Time to Call: _____

Mailing Address: _____

City, State, Zip: _____

Child's School: _____ Teacher: _____ Grade: _____

Religious Preference: _____ Child's Race/Ethnicity: _____

Child Lives With: Both Parents Mother Father Guardian Other _____

Mother's Name: _____ Address: _____

Home Phone: _____ Other Phone: _____

Employer: _____ Address: _____

Father's Name: _____ Address: _____

Home Phone: _____ Other Phone: _____

Employer: _____ Address: _____

(If appropriate)

Guardian's Name: _____ Address: _____

Home Phone: _____ Other Phone: _____

Does the parent out of the home know about the Big Brothers Big Sisters program, and are they aware of this application?

Yes No

Incarcerated Parent: Yes No

Military Parent: No Yes: Active Yes: Deceased LOD (Line of Duty) Yes: retired/Vet

Legal Custody: Mother _____ Father _____ Other _____

Date of: Divorce _____ Separation _____ Death _____

Please provide a small picture of your child.
Paste here.

Do you have transportation? Yes No

Does the child's family receive any financial assistance? Yes No

If yes, check all that apply:

- AFDC (Aid to Families with Dependent Children) SSI (Supplemental Security Income)
- Food Stamps TANF (Temporary Aid to Needy Families)
- Section 8 Housing Free/Reduced Lunch

Other: _____ What is the annual income of the child's household? _____

How many people live in this household & how would you describe household environment? _____

Please list all persons now living in the child's household:

Name	Age	Sex	Relationship to Child

Volunteer Characteristics: Please select any of the following if you have a preference regarding the volunteer who may be matched with your child as a Big Brother or Big Sister:

Race/Ethnicity of the Volunteer: _____ No Preference

Smoker: Light Smoker Non Smoker Not Around the Child No Preference

Religion/Faith of the Volunteer: _____ No Preference

Drinking (*When Not Around the Child*): Light Drinker Non Drinker No Preference

Language: _____ No Preference

Sports: Participate: Individual Participate: Group Participate: Individual or Group
 Watch, Not Participate No Preference

Sexual Orientation of the Volunteer: Heterosexual Homosexual Bi-Sexual Transgender No Preference

Activities: Indoor Outdoor Indoor or Outdoor No Preference

Gun Owner: No Guns Guns Secured No Preference

Age: 18-20 21-35 36-50 51+ No Preference

Gender: Male Female No Preference

Pets: Yes No No Preference

Are you OK with a Volunteer who has pharmaceutical or prescribed medications, including a recommendation for medical marijuana Yes No

Note: BBBS does not discriminate on the basis of the above factors, and volunteers with various characteristics may be accepted. You, however, may have a preference about the volunteer who may be matched with your child and we will follow your preferences to the best of our knowledge.

Please check any of the issues listed below which have affected your child:

- Alcohol/Drug Abuse - Family
- Death of a Parent
- Learning Disability
- Alcohol/ Drug Abuse - Child
- Sexual Abuse
- Attention Deficit Disorder
- Domestic Violence
- Physical Abuse
- Juvenile Delinquency
- Incarcerated Parent
- Emotional Abuse
- Lived in a Foster Home, Institutional Home, or Juvenile Authorities

Probation - Child:

If so, what are the terms of their probation? What is their Probation Officer's name? Which County? _____

Counseling or Guidance – Child

If so, from whom? _____

Other: _____

Please explain any checked items in the space below:

Does your child know about the Big Brothers Big Sisters program? If so, how does your child feel about applying for a Big Brother or Big Sister?

Is there anything else you would like to let us know?

I understand that this application does not obligate the Agency, Big Brothers Big Sisters of Nevada County, to provide service and that participation in the program is voluntary on each person's part -- the parent, child, volunteer, and agency.

I further understand that no fees are charged for requesting or receiving this service; that if a volunteer is assigned to my child it will be done with my prior knowledge and consent and that the volunteer Big Brother or Big Sister assumes no legal or financial responsibility.

Information gained in the interview may be discussed with the volunteer and staff as needed to facilitate the match.

Parent/Guardian Signature: _____ Date: _____