

**Big Brothers Big Sisters of Ozaukee**

885 Badger Circle, Grafton, WI 53024  
Phone: 262-377-0784 Fax: 262-377-7370  
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**Community-Based Youth Confidential Application & 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 \_\_\_\_\_

Please describe custody arrangements/schedule:

Child’s First Name:		Last Name:		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"/> Foster Home	<input type="checkbox"/> Group Home
<input type="checkbox"/> Other relative of child (non-parent)		<input type="checkbox"/> Other _____			
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Cell Provider:		
			Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Cell Provider:		
Home Address:		City:		State:	Zip:
Parent/Guardian E-mail:			Child E-mail:		
Child’s School:		Grade:		School Contact:	
Child’s Race/Ethnicity:			Primary language spoken in the home:		
Parent Place of Employment:					
Parent Work Phone #:					
May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check the best number and time to contact you (the parent/guardian)?			If we are unable to reach you, who is someone we could call who always knows how to reach you?		
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			Name:		
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			Phone Number:		
Name and Date of Birth of other household members :					
Name		DOB		Name	
1.				3.	
2.				4.	
Does your child know that you are applying for the program?			Does your child want to participate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
  
2. What are specific goals you hope a Big Brother or Big Sister can help you child achieve?

**For Statistical and Program Funding Purposes Only:** (This information will not affect your qualification for the program.)

3. Is the parent/guardian receiving income assistance at this time?  Yes  No
4. Is child eligible for free or reduced lunch?  Yes - Free  Yes - Reduced  No
5. Household Annual Income: (total income of the adults the child lives with)
   
 0-\$9,999  \$10,000-\$14,999  \$15,00-\$24,999  \$25,00-\$36,999  \$37,000-\$49,999
   
 \$50,000-\$74,999  \$75,000+
6. Does your child have a parent/caregiver with current or past military experience?  Yes  No
   
Branch:  Air Force  Army  Marine Corps  Navy  Coast Guard
   
Component:  Active  National Guard  Reserve
   
Is the parent currently deployed?  Yes  No
7. Does your child have a parent/guardian who is currently incarcerated?  Yes  No
   
If yes, please explain:
8. Has your child ever been arrested or involved in the juvenile justice system?  Yes  No
   
If yes, please explain:

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) and for BBBS staff to meet with my child at school to complete surveys and required match support contacts;
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.

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 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.

**\*If possible, please enclose a photo of your child.**

I give permission to use my child's picture or likeness of any form to promote BBBS of Ozaukee for Public Relations and training purposes.

\_\_\_\_\_ YES \_\_\_\_\_ NO

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_