



Date: _____

Dear Parents and Guardians:

Because of the serious nature of our work, the information requested is essential. It allows us to make a compatible match between one adult and one child, which will become a lasting, positive, and strong mentoring relationship. Therefore, please take time and give appropriate thought in answering the questions on this application. All information will be held in strict confidence. Please do not leave blanks. All information is important. Please print in ink.

Little Brother Little Sister Application

NAME OF CHILD _____ CHILD'S DATE OF BIRTH _____

MALE FEMALE RACE/ETHNICITY _____ RELIGION _____

PARENT/GUARDIAN NAME _____ RELATIONSHIP TO CHILD _____

PARENT/GUARDIAN RACE/ETHNICITY _____ PARENT/GUARDIAN DATE OF BIRTH _____

HOME ADDRESS _____
 NUMBER/STREET/APARTMENT _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____
 NUMBER/STREET/APARTMENT _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ EMAIL ADDRESS (IF AVAILABLE) _____

PARENT/GUARDIAN MARITAL STATUS (CHECK ONE):
 SINGLE MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____
 DATE DATE DATE DATE

PARENT/GUARDIAN CURRENT EMPLOYER _____ POSITION _____

WORK PHONE _____ MAY WE CALL YOU AT WORK? Yes No

EMERGENCY OR ALTERNATE CONTACT AND PHONE NUMBER:

PHONE _____ NAME _____

HOW DID YOU FIND OUT ABOUT OUR ORGANIZATION? _____

I. CHILD INFORMATION

A. Please check all areas below of which you are aware:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> WITHDRAWN | <input type="checkbox"/> PHYSICAL HANDICAP | <input type="checkbox"/> AGGRESSIVE | <input type="checkbox"/> ALCOHOL OR DRUG USE |
| <input type="checkbox"/> OVERWEIGHT | <input type="checkbox"/> DEPRESSED | <input type="checkbox"/> HOSTILE | <input type="checkbox"/> CONFLICT WITH AUTHORITY |
| <input type="checkbox"/> ABUSED | <input type="checkbox"/> SMOKING | <input type="checkbox"/> HYPERACTIVE | <input type="checkbox"/> BEDWETTING |
| <input type="checkbox"/> SEXUAL ACTIVITY | <input type="checkbox"/> LOW SELF-ESTEEM | <input type="checkbox"/> EMOTIONAL DISTURBANCE | |
| <input type="checkbox"/> Other _____ | | | |

B. DESCRIBE ANY ILLNESS, ACCIDENTS, SPECIAL DEVELOPMENTAL NEEDS OR OTHER HEALTH PROBLEMS. IF CHILD IS CURRENTLY TAKING MEDICATION, PLEASE LIST NAME OF MEDICATION AND WHY IT IS PRESCRIBED:

C. HAS YOUR CHILD HAD ANY PRIOR CONTACTS WITH THE JUVENILE SERVICES OR JUVENILE COURT? YES NO
IF YES, PLEASE GIVE THE REASON FOR THE CONTACT AND WHAT OCCURRED AS A RESULT:

D. DESCRIBE YOUR CHILD'S PERSONALITY. PLEASE INCLUDE HIS/HER INTERESTS AND HOBBIES.

E. HAVE YOU DISCUSSED THE PROGRAM WITH YOUR CHILD? YES NO

IF YES, WHAT WAS YOUR CHILD'S REACTION TO GETTING A BIG BROTHER/BIG SISTER? _____

II. SCHOOL INFORMATION

A. NAME OF SCHOOL _____

B. GRADE LEVEL _____ SPECIAL EDUCATION LEVEL _____

C. HAS YOUR CHILD EVER FAILED A GRADE? YES NO IF YES, WHICH GRADE/S _____

D. HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL? YES NO
IF YES, NUMBER OF TIMES _____ REASON/S _____

III. FAMILY INFORMATION

A. NATURAL PARENTS INFORMATION

| | |
|---|---|
| FATHER'S NAME | MOTHER'S NAME |
| CITY AND STATE | CITY AND STATE |
| <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> REMARRIED <input type="checkbox"/> DIVORCED (DATE) _____ <input type="checkbox"/> WIDOWED (DATE) _____ <input type="checkbox"/> SEPARATED (DATE) _____ | <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> REMARRIED <input type="checkbox"/> DIVORCED (DATE) _____ <input type="checkbox"/> WIDOWED (DATE) _____ <input type="checkbox"/> SEPARATED (DATE) _____ |

B. HOW OFTEN DOES YOUR CHILD SEE HIS/HER NONCUSTODIAL PARENT ON AVERAGE?

- ONCE TO A FEW TIMES A WEEK NEVER - PARENT IS DECEASED ONCE TO A FEW TIMES A MONTH NEVER
 ONCE TO A FEW TIMES A YEAR CONTACT IS BY PHONE ONLY

C. IS THERE SOMEONE IN YOUR CHILD'S FAMILY WHO IS IN JAIL? FATHER MOTHER OTHER (LIST) _____

D. DESCRIBE YOUR CHILD'S FEELINGS TOWARD HIS/HER NONCUSTODIAL PARENT _____

F. HAVE YOU INFORMATED THE NON-CUSTODIAL PARENT OF THIS APPLICATION? Yes No

IF YES, WHAT WAS HIS/HER REACTION? _____

G. DO YOU OR YOUR CHILD HAVE ANY RELATIVES INVOLVED WITH BIG BROTHERS OR BIG SISTERS? Yes No

IF YES, PLEASE LIST NAME AND RELATIONSHIP TO YOU AND YOUR CHILD _____

H. OTHER CHILDREN

| NAME OF OTHER CHILDREN IN HOME | AGE |
|--------------------------------|-----|
| A | |
| B | |
| C | |
| D | |

| NAME OF OTHER CHILDREN IN HOME | AGE |
|--------------------------------|-----|
| E | |
| F | |
| G | |
| H | |

I. ADULTS LIVING IN THE HOME

| NAME | SEX | AGE | RELATIONSHIP TO CHILD |
|------|-----|-----|-----------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |

J. PLEASE LIST OTHER PROFESSIONAL SERVICES BEING RENDERED TO YOUR CHILD OR FAMILY (I.E. SCHOOL GUIDANCE COUNSELOR, THERAPY/COUNSELING, SOCIAL SERVICES, FINANCIAL ASSISTANCE, TUTORING, ETC.) INCLUDE THE NAME OF THE PERSON/S, THEIR POSITION, AGENCY, AND PHONE NUMBER:

K. OTHER COMMENTS:

CLIENT POLICY

IF YOUR APPLICATION IS ACCEPTED YOUR CHILD WILL BE PLACED ON THE WAITING LIST. LATER, AN INTERVIEW WILL BE SCHEDULED WITH BOTH YOU AND YOUR CHILD. THE PURPOSE OF THIS INTERVIEW IS TO FURTHER ASSESS YOUR CHILD'S NEED AND TO DETERMINE IF HE/SHE WILL BENEFIT FROM THIS PROGRAM. BASED ON THE TOTAL INFORMATION GATHERED, WE WILL MAKE A RECOMMENDATION.

DISCLOSURE AND SIGNATURE

IN MAKING THIS APPLICATION TO PARTICIPATE IN BIG BROTHERS BIG SISTERS, I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT I AM NOT OBLIGATED TO HAVE MY CHILD PARTICIPATE AND THAT THE AGENCY IS NOT OBLIGATED TO ASSIGN OR ACTIVELY SEEK TO ASSIGN A VOLUNTEER TO MY CHILD. I ALSO UNDERSTAND THAT, SHOULD MY CHILD BE ACCEPTED, BIG BROTHERS BIG SISTERS RESERVES THE RIGHT TO TERMINATE, AT ANY TIME, MY CHILD'S ASSIGNMENT WITH A VOLUNTEER AT THEIR DISCRETION, AND I WILL ABIDE BY THIS DECISION.

PARENT/GUARDIAN'S SIGNATURE _____

PLEASE PRINT NAME _____ DATE _____

THANK YOU FOR YOUR INTEREST!

100 LEDGE HILL DRIVE

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BENNINGTON, VT 05201

802-442-5491

WWW.UCSV.T.ORG