



**Big Brothers  
Big Sisters.**  
OF BIG SKY COUNTRY

**YOUTH APPLICATION**

Child's First and Last Name:		Gender:	Birthdate:	Ethnicity:	
Home Address:		City:	County:	State:	Zip:
Parent/Guardian's First and Last Name:		Employer:			
Home/Cell Phone:	Work Phone:	Best time to call:			
Email:					

*Big Brothers Big Sisters of Big Sky Country does not discriminate on the basis of race, religion, national origin, color, gender, marital status of parent/guardian, sexual orientation, gender identity, veteran status, or disability.*

1. What is the primary reason for you wanting your child to have a Big Brother/Big Sister?
2. Does your child know that you're applying for the program? Does he/she want to participate?
3. What is the child's living situation?  
 Two parent household  
 One parent:  female  male  
 Other relative of child (non-parent)  
 Foster home  
 Group home  
 Other: \_\_\_\_\_
4. Is parent/guardian receiving income assistance?  Yes  No
5. Is a parent(s) currently incarcerated?  Yes  No  
 If yes, please explain: \_\_\_\_\_
6. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister?  Yes  No  
 If yes, please describe: \_\_\_\_\_
7. Do you have legal custody of the child?  Yes  No  
 Is there a person who shares custody of this child?  Yes  No  
 If yes, are they aware of the child's enrollment in BBBS?  Yes  No

Their name \_\_\_\_\_ Phone number: \_\_\_\_\_

8. Do you anticipate any significant life changes over the next year, or have you had any in the past year? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Will your child be able to meet with their Big (once a week in the evenings, or on the weekend) for the next 18 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

*By signing below, I give permission:*

- 1. For my child to participate in Big Brothers Big Sisters of Big Sky Country (BBBS)*
- 2. For the volunteer matched with my child, who has been screened and approved by BBBS, to transport my child to events and match activities*
- 3. To have my child participate in the interview process conducted by BBBS staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests*
- 4. To have my child talk with a BBBS staff person about personal safety*
- 5. 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 BBBS and its staff, 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 school or with partnership agencies when applicable.*

*If my child is matched with a Big Brother/Big Sister, I agree to support my child's match by reviewing the program and safety information given to me by BBBS, communicating with BBBS 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 BBBS staff.*

*I agree to make an 18-month commitment for my child to be matched with a Volunteer. I give my consent for my child and me to participate in all assessments and evaluations containing questions about school, home life, and personal interests.*

Signed: \_\_\_\_\_  
(Must be a Parent or Legal Guardian)

Date: \_\_\_\_\_