



Big Brothers Big Sisters
of Central California

Little Moments. Big Magic.™

CHILD APPLICATION

Today's Date: _____

Child's Name: _____ Child's Gender: ___ Male ___ Female Date of Birth: _____

Guardian's Name: _____ P/G Gender: ___ Male ___ Female P/G Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ P/G Relationship to Child: _____

Is your spouse or a significant other living with you? Yes No Is child in Foster Care? Yes No

Email: _____ P/G Place of Employment: _____

Job Title: _____ Work Phone: _____

Race/Ethnicity: ___ African American ___ American Indian ___ Asian/Pac. Island ___ Biracial ___ Cambodian ___ Caucasian ___ Filipino
___ Hispanic ___ Hmong ___ Laotian ___ Vietnamese ___ Other (Please specify) _____

Language Preference: ___ English only ___ Spanish Only ___ Bilingual (English/Spanish) ___ Other (Please Specify) _____

Religious Preference: _____ Child's School: _____ Grade: _____

Teacher's Name: _____ How did you hear about the BBBS program? _____

What is your gross annual household income? _____

List everyone living in the Home: (please use an extra sheet of paper if more room is needed)

First and Last Name	DOB	Relationship to Child	T-Shirt Size	Involved in BBBS?
			Youth: S M L Adult: S M L XL	Yes No
			Youth: S M L Adult: S M L XL	Yes No
			Youth: S M L Adult: S M L XL	Yes No
			Youth: S M L Adult: S M L XL	Yes No

Emergency Contact: _____
NAME ADDRESS/CITY/ST/ZIP PHONE

Child's Physician: _____
NAME PHONE

How much time do you spend with this child? _____

How often does this child see his/her parents/other parent? _____

Where does the child's parent/other parent live? _____

Is this child receiving counseling? Yes No Please Explain: _____

What is the counselor's name? _____ Phone Number: _____

Is the child having any problems in school? Please Explain: _____

What is the reason for requesting a volunteer mentor for this child? _____

Is there anything else you would like to tell us about his child? _____

EXCHANGE OF INFORMATION

I, _____, Parent/Guardian of _____
NAME OF PARENT/GUARDIAN NAME OF CHILD

authorize the staff of Big Brothers Big Sisters to exchange information between the mentor, parent/guardian, and child.

RELEASE OF SCHOOL INFORMATION

I, _____, Parent/Guardian of _____
NAME OF PARENT/GUARDIAN NAME OF CHILD

authorize _____ to exchange information between the mentor, parent/guardian, child and BBBS.
NAME OF SCHOOL

RELEASE OF MEDICAL/COUNSELING INFORMATION

I, _____, Parent/Guardian of _____
NAME OF PARENT/GUARDIAN NAME OF CHILD

authorize _____ and/or _____
NAME OF PHYSICIAN NAME OF COUNSELOR

to exchange information with Big Brothers Big Sisters.

PHOTO/ MEDIA RELEASE CONSENT

I, _____, Parent/Guardian of _____
NAME OF PARENT/GUARDIAN NAME OF CHILD

Do hereby consent to and authorize Big Brothers Big Sisters, or anyone authorized by Big Brothers Big Sisters, to the taking of pictures of my child by film or television camera, and to use said picture(s) for display or advertising purposes now or at any time in the future.

INFORMED CONSENT ON CHILD ABUSE REPORTING LAWS

I understand that pursuant to California Penal Code Section 11165-11174.5, the staff of Big Brothers Big Sisters of Fresno, Kings and Madera Counties are mandated to report all cases of child abuse. This includes any information, which is not previously reported, obtained through the screening process of the child. My signature on this application verifies that I have read and agree to these stated provisions of the child abuse reporting law.

Signature of Parent/Guardian

Date