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LITTLE BROTHER LITTLE SISTER APPLICATION

Because of the serious nature of our work, the following information is essential. It allows us to make a compatible match between one adult and one child which will become a lasting, positive and strong 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 OR TYPE:

Date of Application: _____

Child's Name: _____ Date of Birth: _____
Last First MI Mo/Day/Yr

Sex of Child: M F Race/Ethnicity: _____ Religion: _____

Has the child been involved with the Juvenile Justice System? _____ Special Needs? _____

Is your family eligible for free or reduced lunch? Yes No

Does the child have a parent in the military? Yes No

Does the child have an incarcerated parent? Yes No

PARENT'S PERSONAL INFORMATION

Parent/Guardian Name: _____
Last First MI

Address: _____
No. Street City State Zip

Telephone # _____ (W): _____ (C): _____

Email: _____

Date of Birth: _____ Highest Grade Attended: _____
Mo/Day/Yr

Race/Ethnicity: _____ Religion: _____

Place of Employment: _____

Business Address: _____
No. Street City State Zip

Business Phone : _____ May we call you at work? Y N

Occupation: _____ Work Schedule: _____

Marital Status: (please include dates)

Married _____ Widowed _____ Divorced _____
Separated _____ Other _____
(Never married, living together)

Financial Aid: _____ Health insurance: _____

IF APPLICABLE:

What are the legal custody arrangements? _____

Number of years absent parent has been out of the home: _____

Does the absent parent contact ex-spouse? Y N

Does the child see the absent parent? Y N If yes, how often? _____

Is the absent parent legally restricted from visiting the child? Y N

Is the absent parent aware of your application to the BBBS Program? Y N

Attitude: _____

Attitude of absent parent towards child: _____

How is the child adjusting to the absence of the father/mother? Explain _____

Absent Parent's Name: _____
Last First MI

Address: _____
No. Street City State Zip

CHILD'S PERSONAL INFORMATION

Name of School: _____ Teacher: _____

Phone # : _____ Grade: _____

Is your child involved with a school counselor? Y N If yes, please state the reason why: _____

Please describe how your child is doing in school (areas of interest, likes, dislikes, areas of difficulties, subjects in which he/she does well): _____

Grades: _____ Attendance: _____

Names of schools previously attended:

Name _____ Grade _____ Special Problems? _____

Name _____ Grade _____ Special Problems? _____

Name _____ Grade _____ Special Problems? _____

Has your child or family been involved with other social service agencies or counselors? Please name here and sign release:

Name and City: _____

Name and City: _____

Name of Social Worker: _____

FAMILY STATUS

Other children in your home . . .

out of home . . .

Name		Age	Name		Age
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

CHILD'S PROFILE

How does your child spend most of his/her time? _____

What are your child's interests, activities, and special abilities? _____

Are there any special considerations that should be taken into account in selecting a Big Brother/Sister?

List all the organized programs for children that your child is involved in: _____

How does your child get along with friends? _____

What is the interaction like between siblings? _____

How does your child behave with adults? _____

Are there any significant adults in the child's life? (Aunts, Uncles, Grandparents, etc?) _____

What problems, if any, is the child experiencing at home? _____

What advice would you give a Big Brother/Sister on how to best get along with your child? _____

What do you hope your child will gain from the BBBS Program? _____

Why do you think your child needs a Big Brother/Sister? _____

What is your child's reaction to having a Big Brother/Sister? _____

Are there any other adults living in the home? Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Relationship to the child or Family: _____

What changes in work or domestic status do you expect during the coming year? Please be specific:

Name of Person other than Parent/Guardian to contact in case of an Emergency:

Name: _____ Phone: _____

Address: _____ Relationship to child: _____

Please read the following statements and, if you agree, please sign below:

In making this application to participate in the BBBS of Windham County Program, I understand, acknowledge, and agree that:

I am not obligated to have my child participate and that Youth Services is not obligated to assign or actively seek to assign a volunteer to my child.

I understand there is no fee for requesting a volunteer, and that for a child to become part of the program is a privilege. I likewise recognize that the "Big Brother" or "Big Sister" is a volunteer and assumes no legal or financial obligation or liability to me or to the child.

I understand there is a waiting list for Big Brothers and Sisters, so it may be some time before I am contacted by the Program Staff for interviews.

I give permission to the BBBS program to talk to other Youth Services' staff to help determine my child's eligibility for placement with an adult volunteer.

I give my permission to the BBBS program to discuss with persons involved in the recruitment and matching process any information that is felt necessary to facilitate that process. I understand that only information that is in the best interests of my child will be shared. This consent, unless expressly revoked, expires when my child leaves the program.

I also understand that should my child be accepted, BBBS of Windham County 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.

I understand that consistent communication with the Case Manager for the duration of the match is required.

Parent/Guardian Signature _____ Date _____