



BIG BROTHERS BIG SISTERS of Jackson County

536 N. Jackson St. * P.O. Box 1802 * Jackson, MI 49204 * Phone (517) 784-7181 * Fax (517) 796-9004

Youth Application

Office Use Only SB COPE CB Inquiry Date: _____

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____ / _____ / _____

Male Female Race or Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Non-Parental/Non-Guardian Emergency Contacts:

1. Name: _____ Phone #: _____ Relationship to child: _____

2. Name: _____ Phone #: _____ Relationship to child: _____

School Information

What school does your child attend? _____ Grade: _____ Teacher: _____

Is child currently enrolled in any special programs at school? Y N If so, please list: _____

Medical Information

Is your child currently taking any medication? Y N If so, what medication(s): _____

What medical problem(s) does this medication(s) treat? _____

Please list all other medical problems, allergies or special health concerns: _____

Home Environment

Please describe the child's primary home environment. Single Family Apartment House
 In the City of Jackson Rural area Other

Comment: _____

Do you consider it a safe environment? Y N Comment: _____

Do you have pets in your home? Y N _____ Are there firearms in your home? Y N



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Youth Applicant's Full Name _____

Parent/Guardian/Caregiver

With whom does the child currently live (caregiver) _____

Who is the child's legal guardian? _____

Caregiver relationship to child: Parent Grandparent Other: _____

Caregiver Marital Status: Single Married Separated Divorced Widowed

Primary Caregiver Name: _____ Caregiver Race or Ethnicity: _____

Address same as above Different Address: _____ City: _____ Zip: _____

Email: _____ Phone #: _____

Primary Caregiver Employer: _____ May we contact you at work? Y N

Work #: _____ Work Hours: _____ Length of Employment: _____

Secondary Caregiver Name: _____ Caregiver Race or Ethnicity: _____

Address same as above Different Address: _____ City: _____ Zip: _____

Email: _____ Phone #: _____

Second Caregiver Employer: _____ May We Contact You at Work: Y N

Work #: _____ Work Hours: _____ Length of Employment: _____

Absent Parent (if applicable)

Note: Please fill out all information regardless of whether parent is living or not.

First name: _____ Last Name: _____

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

Employer: _____ Occupation: _____

Current Status: Single Married Divorced Separated Deceased

Does this parent have custodial rights? Y N Have you spoken to them regarding this application? Y N

Is child's parent currently incarcerated in a state or federal prison? Y N

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



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Family Structure

Name of each person living in your household including adults	Age & Grade	Relationship

Average Annual Household Income	Place \checkmark	
Less than \$10,000		
\$10,000 - \$25,000		
\$26,000 - \$35,000		
\$36,000 - \$49,000		
\$50,000 +		

*For more family members, please write on back of page

Program Information

Based on enclosed program description, please check program you want for your child:

- Community Based (Mentor picks up at home)
- Site Based (Meeting at school or after-school)
- Site Based Plus (Meeting primarily at school with some trips off campus or to community events)

Please explain why your child would benefit from having a Big Brother or a Big Sister. (Example: Absent parent, parent in prison, shyness, self-esteem issues, behavior issues, academics, etc.)

Please list simple goals that the staff and a Big Brother or Big Sister could use to develop a plan with your child.

Goal #1: _____

Goal #2: _____

Goal #3: _____





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Parent/Guardian Agreement

I give permission:

1. for my child to participate in the Big Brothers Big Sisters program;
2. For the school to provide contact information and social/academic information (e.g. report cards, attendance records, behavior reports, a Power School login) about my child to Big Brothers Big Sisters and their volunteers;
3. To have my child complete a questionnaire containing questions about school, home life, and personal interests;
4. To have my child talk with a Big Brothers Big Sisters staff person about personal safety; and
5. To use my child's photograph and first name for the purpose of publicity and marketing efforts by Big Brothers Big Sisters.

☒ Initial: _____

Furthermore, I extend my permission to allow my child's Big Brother or Big Sister to transport my child to agency events. Big Brothers Big Sisters representatives will be present at all agency events. Background checks including driver's record and proof of automobile insurance have been obtained from the Bigs.

☒ Initial: _____

Big Brothers Big Sisters of Jackson County, Inc. uses careful judgment before releasing general information of agency participants. Release of confidential information follows an established confidentiality policy. A copy of the complete policy is available upon request. Among the items in the policy are these:

1. All records are considered property of the agency and are not available for review by clients or volunteer mentors.
2. Certain information may be shared from a client file under specific conditions, including: presenting a valid release of information consent signed by the parent/guardian/volunteer, board action for an audit, or the serving of a valid subpoena.
3. Suspected child abuse or neglect will be reported according to Michigan State and Federal Laws.
4. I certify the information provided above is true to the best of my information, knowledge and belief.

☒ Initial: _____

If you have any specific restrictions to the release of general information, please list them below:

I have read the summary and understand that Big Brothers Big Sisters of Jackson County, Inc. has a policy respecting the confidentiality of records. I agree to program participation in accordance with that policy.

☒ _____
Legal Parent / Guardian

Date