



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/Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

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 treat? _____

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

Home Environment:

Please describe the child's primary home environment. Single Family Apt. Home City of Jxn Rural 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 Guardian Other: _____

Caregiver Marital Status: Single Married Separated Divorced Widowed

Primary Caregiver Name: _____ Caregiver Race or Ethnicity: _____

Caregiver Date of Birth: ____/____/____ Caregiver Gender: _____

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 about this application? Y N

Is this parent currently incarcerated in a state or federal prison? Y N Does child see this parent? Y N

If yes, how often? _____



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Youth Applicant's Full Name: _____

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