

Please check Program(s) you are applying
for: Core Program _____
High School Program _____
A.I.M.

Date Sent: _____
Date Rec'd _____

CHILD APPLICATION
(to be filled out by a parent/guardian)

Name of Child _____ Age _____ Birthdate _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Name of parent(s) or legal guardian(s) with whom child lives

Does this parent have legal custody? ____ Yes ____ No If not, who does? _____

Parent's Employer _____ Work Phone _____

Name of Person to contact in an emergency _____ Phone _____

CHILD INFORMATION

School _____ Grade _____ Teacher _____

FAMILY INFORMATION

Names and ages of other minor children in the household

Household source of income (please check all that apply)

____ Employment ____ AFDC ____ Support ____ SSI ____ Social Security ____ Other

Parent/Guardian Signature

Date



BIG BROTHERS BIG SISTERS of
Decatur County, Inc.

119 E. Main Street, Box 301
Greensburg, Indiana 47240
Phone: (812) 663-7556
Fax: (812) 662-0456

To better enable us to find the right Bi^s Brother/Big Sister for your child, it is important to receive information from social service agencies and schools with which you and your child have contact. Please complete the following parental consent form to allow us to receive the necessary information. All information received is strictly confidential. Any photographic or machine copy of this signed form will be considered legal.

AUTHORIZATION RELEASE

"I hereby give my permission to release the followin^g types of information concernin^g my child to Big Brothers/Big Sisters of Decatur County Indiana. Information may be released in re^sard to school attendance and performance, social attitudes, behavior, and mental and physical conditions, which are relevant to the matching of my child with a Big Brother/Big Sister. This also ^sives BBBS authority to visit my child on school premises durin^g the school day throu^ghout the child's academic career. This release applies to the followin^g social service agencies:

1. SCHOOLS: _____
2. OTHER: (Example: Quinco, Koala, Psychologist, etc.) _____
3. _____

Dated and signed this _____ day of _____, 19 ____th

Child's Name: _____

Parent's Name: _____

Signature: _____

Relationship: _____

Witnessed b^y: _____ (Caseworker)

BIG BROTHERS BIG SISTERS
of Decatur County, Inc.

TRANSPORTATION RELEASE FORM FOR CLIENTS

I hereby agree to allow Big Brothers/Big Sisters of Decatur County Inc., Staff and Board members, and matched volunteer mentors (Big Brothers/Big Sisters) to provide transportation when necessary for my child in conjunction with Agency activities or programs and release Big Brothers/Big Sisters, of Decatur County Inc., from any and all liability, known or unknown, in connection with such transportation.

PUBLICATION RELEASE FORM FOR CLIENTS

In consideration for allowing my child to be enrolled in the Big Brothers/Big Sisters program, I agree to allow Decatur County Big Brothers/Big Sisters, Inc., to use my child's photograph(s) and a brief description(s) of hem/her for recruitment or public relations efforts in any way they deem necessary without remuneration or compensation, and hereby release Decatur County Big Brothers/Big Sisters, Inc., from any and all liability, known or unknown, in connection with the use of such photograph(s) and brief description(s).

CONSENT TO SHARE MATCHING INFORMATION

I agree to allow Big Brothers/Big Sisters of Decatur County to disclose summary information taken from the interview about my child to a potential match mate.

Signature of Parent/Guardian

Date
