



Big Brothers Big Sisters of Wood County

BBBS (Marshfield Location)
837 S Central Ave
Marshfield, WI 54449

Phone: (715) 387-6198
Fax: (715) 384-7145
Web-site: BBBSWOOD.org

BBBS (Wis. Rapids Location)
2821 8th St
Wisconsin Rapids, WI 54494

Phone: (715) 423-3414
Fax: (715) 423-3551

CHILD APPLICATION

CHILD'S INFORMATION

Child's Full Name:		Nickname:	
Date of Birth:	Race:	Sex:	
Address:			
City:	State:	Zip:	
Child's School:		Grade:	
Teacher:		School Phone:	

PARENTAL/GUARDIAN INFORMATION

Mom's (or Guardian) Name:			
Home Phone:		Cell Phone:	
Email Address:			
Religion, If Active:			
Employer:	Address:	Email:	May We Contact you at work?
Best time of the day to contact you:			
		(Home)	(Work)
Occupation:	Highest Level of Education:		High School Grad?
Current Marital Status:	Single	Married	Separated Widowed
If Divorced, who is Legal Guardian of the Child?			
Dad's (or Guardian) Name:			
Address:		Home Phone:	Cell Phone:
Employer:	Address:		Work Phone:
Current Marital Status:	Single	Married	Separated Widowed
Is non-custodial parent aware of child's involvement with Big Brothers Big Sisters?			Yes No

Please attach a picture of your child to this application.

Please list all the people who live in the house with the child (Including yourself.)

<u>NAME</u>	<u>SEX</u>	<u>BIRTH DATE</u>	<u>SCHOOL/GRADE</u>	<u>RELATIONSHIP</u>
1.				
2.				
3.				
4.				
5.				
6.				

(Please List Additional On Back)

Please Check All That Apply To Your Child.

About Your Child

- Has Own Room
- Withdrawn/Shy
- Accepts Responsibility
- Has Been Sexually/Physically Abused
- Has Low Self-Esteem
- Uses Bad Language
- Has Aggressive Behavior
- Is Outgoing
- Is Independent
- Behavioral Problems
- Has a Learning Disorder

Health

- Has Allergies
- Physical Disability
- Hyperactivity

Relationships

- Most Friends Are Boys
- Most Friends Are Girls
- Makes Friends Easily
- Conflict W/ Parent
- Good Relations W/ Peers
- Bad Relations W/ Peers

Risky Behavior

- Has or Does Drugs
- Has or Does Alcohol
- Smokes
- Involved W/ Law
- Has Contact W/ Alcohol Users
- Sexually Active

IF YOU ANSWERED YES TO THE USE OF ALCOHOL AND/OR TOBACCO QUESTIONS, WHAT WAS THE AGE OF FIRST USE? _____

FROM WHOM/WHERE DID YOUR CHILD OBTAIN IT FROM? _____

DOES YOUR CHILD'S FRIEND(S) DRINK/SMOKE/CHEW? _____

THIS PART IS FOR YOUR CHILD TO FILL OUT.

Would you like to have a Big Brother or Big Sister? Yes No

Whose idea was it for you to get a Big Brother or Big Sister? _____

What kinds of thing would you like to do with a Big Brother or Big Sister? _____

EMERGENCY INFORMANT (OTHER THAN PARENT/GUARDIAN)

IN CASE OF EMERGENCY, PLEASE CONTACT: (LOCAL PREFERRED)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

GENERAL INFORMATION

- 1. What is the primary reason for you wanting your child to have a Big Brother/Big Sister?

- 2. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister? _____ Yes _____ No

If yes, please describe: _____

- 3. Do you anticipate any significant life changes over the next year or have you had any in the past year?
_____ Yes _____ No

If yes, please explain: _____

- 4. Religion, If Active: _____

- 5. Has your child ever had any contact with the police? _____ (If yes, please explain.)

- 6. Has your child received counseling or assistance from another agency or clinic, such as Children's Service Society, Department of Social Services, Marshfield Clinic, Personal Development Center, etc.? _____ Yes _____ No (If yes, Please list agencies and dates.)

THIS PART IS FOR YOUR CHILD TO FILL OUT. YOU MAY HELP IF NEEDED.

NAME: _____ NICKNAME: _____ AGE: _____

1. WOULD YOU LIKE TO HAVE A BIG BROTHER OR BIG SISTER? _____ YES _____ NO

2. WHAT KINDS OF THINGS WOULD YOU LIKE TO DO WITH A BIG BROTHER OR BIG SISTER?

3. WHOSE IDEA WAS IT FOR YOU TO GET A BIG BROTHER OR BIG SISTER?

4. I WANT MY BIG BROTHER OR BIG SISTER TO _____

5. WHAT DO YOU THINK IS THE BEST THING ABOUT YOU? _____

6. WHAT DO YOU THINK IS THE WORST THING ABOUT YOU? _____

7. IF I HAD A HUNDRED DOLLARS, I WOULD _____

8. SECRETLY I WISH _____

9. I GET ANGRY WHEN _____

10. WHEN I HAVE KIDS THEY WON'T HAVE TO _____

11. I AM HURT MOST EASILY WHEN _____

12. I FEEL HAPPIEST OF ALL WHEN _____

13. THE FUNNIEST THING I EVER SAW WAS _____

14. THE BEST THING ABOUT GETTING A BIG BROTHER OR BIG SISTER IS _____

15. PLEASE LIST YOUR FAVORITE HOBBIES, ACTIVITIES AND CLUBS _____

RELEASE OF LIABILITY

In determining whether a child may be considered for a match and what information shall be communicated to each party involved in any perspective match regarding the others, due consideration is given to those past and present factors of health, personality and behavior of each individual and/or family members which the professional staff of the agency deem under the circumstances may have a significant effect upon the relationship and which if revealed at the later dated, might affect it adversely. Information, which is considered relevant, will be shared. This shall include child's age, race, and religious preference, a description of child's home environment lifestyle and family situation, a summary of child's hobbies and interests and evaluation of the child's needs as related to program participation.

I understand that the Big Brothers Big Sisters agency is not obligated to assign, or actively seek to assign a volunteer to any child. I further understand that the agency makes no warrantee, guarantee, or other commitment either stated for implied as impact of a match upon any of the parties involved whether emotional, psychological, spiritual, or physical, other than the normal guarantee of any individual that the best judgment and concern will be applied in dealing with the human personality. In recognition thereof, I hereby agree to hold free of liability the BBBS agencies, both local and national and all agents and representatives thereof in the event of any unfortunate results of developments occurring as a part of their efforts on my behalf.

I grant permission to any school to allow my child to meet with a Case Manager from BBBS of Wood County and to release any information, regarding myself or my child(ren) to BBBS of Wood County. This release also applies to any physician, hospital, welfare or social agency.

I give permission for my child, _____, to participate in the Big Brothers Big Sisters program. I understand that the BBBS agency is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional personal information. If my child is matched with a Big Brother or Big Sister I agree to support my child's match and to immediately report any concerns I might have to the Big Brothers Big Sisters staff.

I authorize the BBBS volunteer assigned to my child(ren) or any director or staff member of BBBS to obtain necessary medical and/or surgical treatment in case of illness, accident or any emergency situation that may arise. These medical services are to be performed by: _____ or in his/her absence, any licensed medical doctor. I further state that I will not hold the BBBS volunteer, or any director or staff member liable in case of illness, accident or emergency situation.

Signature _____ Date _____

I understand that as a client/parent of Big Brothers Big Sisters of Wood County, the agency and United Way are not responsible for any and all accidents concerning my child during any related Big Brothers Big Sisters activity.

By signing this waiver, I understand that Big Brothers Big Sisters does not insure my child as a passenger in the vehicle of any assigned volunteer and/or staff.

Parent/Guardian Signature _____

NOTE: Each volunteer and/or staff member/volunteer is required by the agency to have at least minimal state insurance required by law.



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AUTHORIZATION OF DISCLOSURE GENERAL CONSENT FORM

Child's Name: _____

Date of Birth: _____

I, _____
Name of Parent/Guardian

Authorize Big Brothers Big Sisters of Wood County to disclose and exchange
with:

Name of Teacher

Name of School

all pertinent information from my child's records. The purpose or need for such disclosure is to facilitate the best possible match for my child or to provide information which will guide the Big Brothers Big Sisters staff in providing the most appropriate services for my child. I may revoke this consent at any time except to the extent that action has been taken in reliance thereon.

Signature of Parent/Guardian

Date



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PERMISSION SLIP FOR AGENCY OUTINGS AND RELEASE OF LIABILITY

Child's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

I hereby give my permission for _____
(Child's Name)

to participate in all BBBS agency sponsored activities.

As the natural and legal guardian of the above named child, I hereby certify to the best of my knowledge the said person is free from contagious disease, and is fit to participate in all agency activities. I hereby hold Big Brothers Big Sisters of Wood County, the BBBS volunteers, BBBS staff and participating organization FREE OF ALL LIABILITY resulting from participation in the activities organized by this agency. I understand that this permission may be revoked at any time in writing signed by me and received at the office of Big Brothers Big Sisters of Wood County, and that unless revoked this permission and release will be relied upon by the BBBS staff, volunteers, and participation organizations.

Date

Signature of Parent/Guardian