



Big Friend – Little Friend, Inc.
610 W 23rd St Suite 11
Yankton, SD 57078
(605) 665-6365
www.bigfriendlittlefriend.org

LITTLE FRIEND APPLICATION

Today's Date: _____

Name: _____

Birthdate (MM/DD/YY): _____ Age: _____ Gender: _____ Email: _____

Address: _____

Phone number or number for a message _____ Cell phone: _____ Child's Cell: _____

Child lives with: _____ Home phone: _____

Current school: _____ Religion: _____

FAMILY INFORMATION:

Mother's name: _____ Employer/Occupation: _____

Mother's Maiden Name _____ Marital Status S M W D

Work Phone: _____ Cell phone: _____ Email: _____

Father's name: _____ Employer/Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father's Spouse _____ Marital Status S M W D

Guardian _____ Address _____

Phone _____ Employment _____

Other people living in the home: _____

Brothers and Sisters:

Name(s):

Age(s):

CHILD APPLICATION

Who do you want to be when you grow up?

Who told you about Big Friend Little Friend?

What do you hope to learn from the program and/or a mentor?

List your favorite things to do:

1. _____

2. _____

3. _____

4. _____

Please share more about yourself:

Grant Questions:

Some of the information from the following questions will be used to apply for grants. Grants help fund our program.

Answering the following questions is optional and is not a requirement of the program.

This information is about the Little Friend and immediate family and is confidential.

Does the child live with a single parent? _____mother _____father _____legal guardian

Does the child have a parent or legal guardian in the prison system? Y N

Does your family qualify for EBT? Y N Free or reduced lunches? Y N

Is there a parent or legal guardian disabled, or on disability? Y N _____

Please circle your ethnicity: African American Asian Caucasian Hispanic Multi-racial Native American Other:

PARENTAL APPLICATION

Parental approval and support of the program and matches is essential for the success of the program. Please contact the Big Friend Little Friend office with any address, phone number changes. By answering the following questions you help us in finding the right Big Friend for your child.

Please describe your child's personality: _____

Other agencies involved in: (ex. Boys & Girls Club, Kids Hope: _____

What would you like to see your child gain from participation in Big Friend Little Friend?

What is your child's attitude toward school? _____

Does your child have any medical/physical conditions we should be aware of?

How does your child get along with other children?

How does your child relate to adults (parents, teachers, neighbors)?

_____ |

Is your child currently being seen by a counselor? _____ Where? _____

I hereby give permission to request information from above counselor _____
Signature

Please provide release form to Big Friend Little Friend.

Please list any additional information on child or family history that will help BFLF to understand the child's needs. This helps us us to better serve the child and make an appropriate match-up with a volunteer mentor. _____

Where did you hear about our program? Newspaper Radio Ad Flyer Website United Way Friend

Other: _____

How long have you lived in the Yankton community? _____

Contact Information and Release

Big Friend Little Friend appreciates you and your child's interest in his/her becoming a Little Friend. This application is intended as a means of informing and gaining consent of the parent/guardian to allow their son/daughter to participate in Big Friend Little Friend. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the Big Friend Little Friend staff may at times need to access and share this information with prospective mentors and other parties when it is in their best interest from the mentee, parent/guardian and mentor based upon anonymous information provided about each other.

Please initial each of the following:

___ I authorize Big Friend Little Friend to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

___ I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee is determined, myself, my child's identity, and other relevant information will be shared with the mentor to the extent that it aids in facilitating a successful match.

___ I give my informed consent and permission for my child to participate in Big Friend Little Friend and related activities. I further agree to have my child follow all Big Friend Little Friend guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

___ I hereby acknowledge that my child will be transported by his/her mentor and/or mentoring project staff or representative while participating in Big Friend Little Friend, Inc, and that such transportation is voluntary and at his/her own risk. I also release Big Friend Little Friend, Inc staff and all representatives including mentors and board members of all liability, death, or other damage to me, my child, family, estate, or heirs that may result from his/her participation in the program functions, mentoring activities, including but not limited to transportation, and hold harmless any Big Friend Little Friend Board Member and staff, mentor or volunteer or its representatives, both collectively and individually, of any injury, physical or emotional.

___ I agree to allow Big Friend Little Friend, Inc to use any photographic image of my child taken while participating in Big Friend Little Friend, Inc. These images may be used for the sole purpose on promotions, or related marketing materials. I do understand that my or my child's last name will not be used in conjunction with any video or digital images.

___ I do hereby give my consent to Big Friend Little Friend, its board of directors, its program director, a Big Friend volunteer, or any agency tied directly or indirectly to Big Friend Little Friend, Inc. (agencies incurred for services) the unqualified right and permission for my child to: Attend and participate in activities with a Big Friend volunteer, attend and participate in scheduled group activities provided by Big Friend Little Friend, Inc; at their discretion, obtain MEDICAL/HOSPITAL CARE, at the parent/guardians expense, in the event that I, the parent/guardian, cannot be contacted during any type of medical emergency.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in a delay of my application being processed:

***Completed Application* Contact and Information Release Form**

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

Relationship to child: ___son ___ daughter ___ grandchild ___ foster child ___other_____

Parent/Guardian Signature

Date

Child's Signature

Date
