



Program: LB  
 RR  
 BF  
 BB

### SITE-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian Name:		Relationship to Child:	Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's First Name:		Middle Name:	Last Name:		
Preferred Name/Nickname :		Child's Gender:	Child Date of Birth:		
What is the child's living situation? <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household ( <input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____					
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider: Is it okay to text child? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider:		
Home Address:	City:	County:	State:	Zip:	
Parent/Guardian E-mail:		Child E-mail:			
Child's School		Grade:	Teacher's Name:		
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
Nationality/Country of Origin:					
Parent Place of Employment: Parent Work Phone #: May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					



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<p>Please check the best number and time to contact you (the parent/guardian)?</p> <p><input type="checkbox"/> Home      <input type="checkbox"/> Cell      <input type="checkbox"/> Work <input type="checkbox"/> Morning    <input type="checkbox"/> Afternoon    <input type="checkbox"/> Evening</p>	<p>Please list an emergency contact:</p> <p>Name: Phone Number: Relationship to Child:</p>
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**Please answer the following questions:**

1. What strengths does your child have that a Mentor might be able to help grow?
  
2. What are some of the needs your child has (could be social, emotional, behavior, or academic) that a Mentor may be able to help him/her with?
  
3. Are there other ways you think a Mentor can support your child?
  
4. How would you describe the best mentor for your child? We will make every effort to honor your preferences for your child's mentor. BBBS does not discriminate on the basis of race, ethnicity, gender, marital status, sexual orientation, or religion. BBBS also matches elementary school age boys with female volunteers when there is a lack of male volunteers available.
  
5. Is there anything else we need to know before matching your child with a Mentor?
  
6. Do you anticipate any significant life changes over the next year or have you had any in the past year (i.e. moving, child changing schools, etc.)?
  
7. Does your child have any medical conditions (including food allergies) that might affect him or her?
  
8. Does your child have a parent or parental figure in prison at this time?  
 Yes     No    If yes, please explain:



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9. Has your child ever been arrested or involved in the juvenile justice system?

- Yes. Please explain:
- No

10. Within the last year, has your child been in any trouble at school?

- Poor Grades
- Skipping school/classes
- Truant
- Behavior problems (Describe:  
\_\_\_\_\_)
- Has been suspended (Reason for the suspension:  
\_\_\_\_\_)
- Has been expelled (Reason for the expulsion:  
\_\_\_\_\_)
- Sent to an alternative school (Reason for school change:  
\_\_\_\_\_)

11. Number of people (adults and children) in household: \_\_\_\_\_

12. Does your child receive free or reduced lunch?  Yes- Free  Yes - Reduced  No

13. Does your child receive any of these services?

- Special Education
  - Speech Therapy
  - Tutoring
  - In-school Counseling
  - Other Counseling
- Describe:



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By signing below, I give permission:

1. For my child to participate in the Mentor Livingston Program;
2. For the school to provide change of address, phone or custody; knowledge of any physical, social or emotional impairment that might impact matching my child; post program survey given to teachers to note any academic, social or emotional improvements during the duration of the program to Mentor Livingston.
3. To have my child participate in an enrollment interview conducted by Mentor Livingston staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests.
4. In addition, I give permission:
  - For Mentor Livingston to use my child's name and photograph for publicity purposes.
  - For the volunteer to bring my child lunch on occasion. (please list any restrictions)

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information shared in my child's intake interview).

I understand that my child may only be matched with a mentor in one of Mentor Livingston's program at a time.

I certify that all of the information on this form is true and correct. I understand this information will not affect my child's qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Mentor I agree to support my child's match by communicating with Mentor Livingston staff and immediately reporting any concerns I might have to the school or Mentor Livingston staff.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_