

APPLICATION FOR MENTORING PLUS PROGRAM

Big Brothers Big Sisters of Frederick County

4 East Church Street

Frederick, MD 21701

Phone (301) 694-0188 ♦ Fax (301) 694-0727

In response to your interest in having our agency provide Big Brother Big Sister services for your child, we would appreciate your cooperation in completing this application. The information on this form will help us to know about your child and to understand your child's need for our services. If your child is eligible, this information will also help us select a suitable Big Brother or Big Sister for your child. If you have difficulty completing this application form, please contact our offices so that we may help with any questions you may have. **Please remember to include a photo of the child, if possible.**

Child's Name _____ Date of Birth _____

Address _____ Phone _____ Religion _____

_____ Sex _____ Race _____

School _____ Grade _____

Why would you like a Big Brother/ Big Sister for your child? _____

Describe your child's personality: _____

What are your child's interest and hobbies? _____

Is your child receiving help or has he/she ever received help from any other agency? (i.e. Social Services, Mental Health, Private Counseling) _____ If yes, please provide where, when, and why:

How did you learn of our program? _____

Have you told your child about this application? _____ If so, what was your child's reaction?

Describe any disability, if any, that your child has: _____

Has your child had any major illnesses or recent hospitalizations? _____ If yes what and when?

Describe your child's relationship with you: _____

Describe your child's performance in school: _____

Who has LEGAL custody of the child? _____

Who is the child living with? _____ Age _____

Mother's Name: _____ Age _____ Home #: _____

Address: _____ Cell #: _____

Employer: _____ Work #: _____

Father's Name: _____ Age: _____ Home #: _____

Address: _____ Cell #: _____

Employer: _____ Work #: _____

In case of emergency, please contact: _____

Address: _____

Home #: _____ Cell #: _____ Work# _____

Do BOTH parents know and approve of this application? _____ If not, please explain.

Do you have a live-in boyfriend/girlfriend? _____ How does he/she get along with the child?

How often does each parent see the child? _____

Is either parent incarcerated? _____ If so, where? _____

Why is this parent incarcerated? _____

List all other children

Age

Sex

In Home/Out of Home

List adults in the home

Age

Relationship to Child

Does the child have any close contact with any relatives, neighbors or an adult friend? _____

Please describe the relationship (positive or negative): _____

I understand that no fees are charged for requesting a volunteer, and that it is a privilege for the child to become part of the program. I, likewise, recognized that the volunteer assumes no legal financial liability. I agree to allow the agency to use my child's name and picture for promotional purposes.

Signature of Parent/Guardian

Date

Big Brothers Big Sisters of Frederick County
4 E. Church Street,
Frederick, MD 21701
Phone (301) 694-0188•Fax (301) 694-0727

RELEASE OF INFORMATION

I give permission to the Board of Education of Frederick County, Maryland to release the records regarding _____ to Big Brothers Big Sisters of Frederick County, Maryland.

Signature of Parent/ Guardian

THIS PAGE IS TO BE FILLED OUT BY THE CHILD

NAME _____ DATE OF BIRTH _____

ADDRESS _____

_____ PHONE # _____

SCHOOL _____ GRADE _____

Please tell us what things you enjoy doing:
(for example: your hobbies, talents, interest, favorite subjects in school, etc).

Signing this application expresses your interest in the program. This program is voluntary. If you sign this application, we will then meet with you and your parent/guardian to explain the program more fully.

Signature of Child

Date

AUTHORIZATION AND RELEASE
For the use of
Big Brothers Big Sisters of Frederick County, Maryland, Inc.

TO WHOM IT MAY CONCERN:

I, _____ [PARENT], having applied with Big Brothers Big Sisters of Frederick County, Maryland, Inc. for my child, _____, to be eligible to receive Big Brothers Big Sisters services, hereby authorize and request every police department, school official, medical health professional, medical doctor, social service agency, and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to my child relevant to my child's fitness and eligibility for the Big Brothers Big Sisters program, to furnish the originals or copies of any such documents, records and other information to Big Brothers Big Sisters, or any of their representatives, and to permit Big Brothers Big Sister or any of their representation to inspect and make copies of any such documents, records, and other information including, but not limited to, criminal and/or traffic, personnel or scholastic records and/or any and all medical reports, laboratory reports, or clinical abstracts which may have been made or prepared pursuant to or in connection with any examination (s), consultations (s), test (s), and evaluation (s) of my child.

I hereby authorize all such persons as set out above to answer any inquiries and questions submitted to them by Big Brothers Big Sisters or their authorized representatives, and to appear before Big Brothers Big Sisters and to give full and completed testimony concerning my child, including any information furnished by the undersigned. I hereby relinquish any and all rights, for myself and my child, to said reports, including, but not limited to, personnel or scholastic records, or clinical abstracts consultations, evaluations, or any other information incident in any way in cooperation with Big Brothers Big Sisters or their authorized representatives, and fully understand that while I hereby authorized Big Brothers Big Sisters and their authorized representatives to share all information with other authorities, including, but not limited to, the Big Brothers Big Sisters volunteers with whom my child may potentially be match, neither I nor my child shall be entitled to have disclosed to me the contents of any of the foregoing.

I hereby release and exonerate, for myself and on behalf of my child, every police department, school official, mental health professional, medical doctor, and every other person, firm, officer, corporation, association, organization or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information for investigation made by Big Brothers Big Sisters of their authorized representatives.

I have read, or had read to me the above authorization and release.

Signature of Parent

Date