



BIG BROTHERS BIG SISTERS OF SOUTHWEST COLORADO

www.bbig.org

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PARENT/GUARDIAN APPLICATION

This application is two-fold: the first three pages are for you as the parent/guardian to complete. The last page is for your child to complete as best he/she can.

I. Personal Information – Child

Date of Application: _____

Name of Child: _____ Date of Birth: _____
Mailing Address: _____
Street Address: _____ Home Phone: _____
E-mail Address: _____ Age: _____ Race/Tribal Affiliation: _____
School: _____ Grade: _____

II. Personal Information – Parent/ Guardian

Name of Parent/Guardian: _____ Relationship to Child: _____
Marital Status: _____ Age: _____ Date of Birth: _____
Employer: _____ Work Schedule: _____
Work Phone Number: _____ OK to call there? _____
E-mail Address: _____

III. Family History

Is parent divorced _____ Legally separated _____ Widowed _____
Date of above: _____
Name of biological parent not in the home (if applicable): _____
Location of that parent: _____ Type of contact with child: _____
Type of relationship between child and parent not in the home(if applicable): _____
Type of relationship child has with parent(s)/guardian(s) in the home: _____
Parent/Guardian's Name of Significant Other (if applicable): _____

List all people living in the home:

Name:	Age:	Relationship to child:
1.)		
2.)		
3.)		
4.)		
5.)		

Why do you want a Big Brother or Big Sister for your child?:



RELEASE AND ACKNOWLEDGEMENT

I, _____ having legal custody or guardianship of _____, request services from the Big Brothers Big Sisters Agency. I understand that this application does not constitute acceptance or participation in Big Brothers Big Sisters of La Plata County, Inc. _____ **INITIAL**

All information about volunteers, children and their families is confidential.

- Parents/guardians and volunteers application signatures shall allow us to share pertinent information with the parent/guardian(s) and child about the volunteers and with the volunteer about the parents/guardian and child before a match is made. First names only are used prior to a match taking place.
- No information about a child or volunteer will be dispensed to anyone unless we have written permission from the parent or volunteer to share information with the person requesting it.

NOTE: An exception would be if the child is in an abusive/neglectful situation, in which case any knowledgeable person is required to report to La Plata County or Archuleta County Social Services in accordance with Colorado’s Children’s Code: C.R.S. 19-10-104.

_____ **Staff Name and Initial**
_____ **Parent/Guardian Initial**

Signature of Parent/Guardian

Date

COPIES OF ALL SIGNED FORMS ARE AVAILABLE BY REQUEST.

Declined _____
Requested _____



Parent Description of Child

I. Concerns about your child:

What kinds of behaviors or activities are you concerned about?

Tobacco/drugs/alcohol_____ Violence/fighting_____ Gangs_____ Sex/Pregnancy_____

Lying _____ Profanity _____ School Truancy _____ Failing Grades _____ Crime _____

Other: _____

Describe how you think BBBS can help with the above:

II. Community involvement:

What other services are you or your child now receiving? What services have you used in the past?

Has your son or daughter ever applied for or been enrolled in a Big Brothers Big Sisters program? If so, with which agency and when?

III. Extracurricular activities:

Which of the following activities has your child done in the past 12 months outside of school?

Activity	Check mark if yes	How often per month?
After School clubs:		
Sports:		
Art:		
Music:		
Community Service:		
Chores:		
Part-time Job:		
Volunteer Work:		
Other(specify):		

Comments:



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Little Brother or Little Sister Application (To be filled out by child)

Your Name: _____ Age: _____

Address: _____ Phone: _____

Parent(s) or Guardian's Name: _____

Name of School _____ Grade: _____

Name of Teacher: _____

1. Would you like to have a Big Brother or a Big Sister in our program?

Yes _____ No _____ Not sure what it is _____

2. Why would you like to have one?

3. What kinds of things would you like to do with a Big Brother or Big Sister?

4. What would you like us to tell a possible Big Brother or Big Sister about you?

5. If you had three wishes, what would they be?

Thank you! We hope to meet you very soon!

Revised: 1/5/2007

Saved: shared/core forms_letters/client/parent appl