



Parent/Guardian Program Information

What is Big Brothers Big Sisters of Snohomish County?

Big Brothers Big Sisters is a private, non-profit social service agency that matches adult volunteers with children needing a positive adult influence in their life. The volunteers meet regularly with the child for friendship, support and guidance.

What is a Big Brother or Big Sister?

A Big Brother or Big Sister is an adult volunteer, 18 years or older, who wants to share activities with a youth 2-4 times a month for 2-4 hours. They are people who want to be a friend and companion to a young person and share in the joys and problems of growing up. Volunteers make a commitment for at least one year.

Who is eligible to get a Big Brother or Big Sister?

Any child (ages 6-18) in Snohomish County, who has the capacity to form a meaningful relationship with a Big Brother or Big Sister, is eligible to be placed on the waiting list.

How are the volunteers screened?

Our professional staff screens volunteers carefully by requiring them to attend an orientation, submit an application, 3 references, 2 background checks, an interview, and a training session. Every effort is made to ensure that the volunteer is a mature, stable, positive role model, who can make and keep their commitment. In addition, the parent is given a description of the volunteer before the match is made.

How do the children get matched?

Interviews are held with the parents and youth. Program Staff find out what kind of volunteer is desired for the child, (i.e. what age, race, and religious preferences). When a possible volunteer is found for the child, an Enrollment Specialist contacts the volunteer, the parent, and child regarding information about each other. At this point, when each person consents to the match, a meeting is arranged and the match is made.

How long does it take to get a Big Brother or Big Sister?

Once the application is received, the average wait for a girl to get a Big Sister is 6-12 months. The average wait for a boy to get a Big Brother is 12-18 months. The reason for the difference is that we never have enough Big Brothers to go around! Boys have the potential of being matched with a Big Sister or a Big Couple, which may reduce the waiting time.



Big Brothers Big Sisters
of Snohomish County

10520 19th Ave. SE, Suite B, Everett, WA 98208 - (425) 252-2227- Fax (425) 259-2487

Please Attach
Child's Photo
Here

Parent/Guardian Application Form

Note: All information on this form is kept confidential. Answers WILL NOT determine the eligibility of the child's participation in the program.

Child's Name _____ SSN _____ Female _____ Male _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Ethnicity/Race _____ Religion _____

Does your child receive free or reduced lunch? Yes No

.....
Parent or Guardian's Name _____ Are you their Legal Guardian? Yes No

Relationship to Child: Mother Father Foster Parent Other: _____

Do you have: Primary Custody Sole Custody Foster Child Shared Legal Custody Other: _____

Household: Single Parent Two-Parent Home Foster Home Other Relatives' Home

Home Phone _____ Cell Phone _____ Business Phone _____

Email Address: _____

Are you currently or have you ever served in the United States armed forces? Yes No

If "Yes": **From** ____ mo. ____ yr. **To** ____ mo. ____ yr.

Employer: _____ Occupation: _____

May we call at work? Yes No Are you receiving Public Assistance? Yes No

When & where is the best time to contact you? _____

Language spoken in the home _____

Emergency Name & Phone: _____ Relationship: _____

Emergency Name & Phone: _____ Relationship: _____

.....
For grant writing purposes only

Number in household _____ Income level- please circle one:

- | | | | |
|------------------------|------------------------|------------------------|------------------------|
| 1. \$0 - \$10,000 | 3. \$15,000 - \$20,000 | 5. \$25,000 - \$30,000 | 7. \$35,000 - \$40,000 |
| 2. \$10,000 - \$15,000 | 4. \$20,000 - \$25,000 | 6. \$30,000 - \$35,000 | 8. \$40,000 plus |



Circle one of the following

for each answer:

- | | |
|---|-----------------|
| Is or has a significant person in the child's life been incarcerated? | Yes / No |
| Is there a significant person in your child's life who is currently or has a past history of gang involvement? | Yes / No |
| Do you or your child feel unsafe in your neighborhood? Why? | Yes / No |
| Has your child ever been in trouble with the police? | Yes / No |
| Is there any history of alcohol or drug abuse in the family? | Yes / No |
| Is there any history of family violence or sexual abuse? | Yes / No |

If you answered yes to any of the above, please explain.

Have there been any major changes or crises within the past year (death in the family, major hospitalization or illness, birth of sibling, incidences of abuse, divorce, change in amount of contact with family member, etc.)?

Please briefly describe your own expectations of our program in relation to your child's needs.



Doctor's Name _____ Phone _____

Address _____

Medical Plan _____ Insurance # _____

Name of Friend/Relative _____ Phone _____

Name of Friend/Relative _____ Phone _____

Allergies _____ Medications _____

Other important medical information _____

I understand that:

- 1) I certify that the information contained in this application form is true, correct and complete to the best of my knowledge;
- 2) **I give permission for the BBBS/YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purposes of promoting or interpreting BBBS/YMCA programs;**
- 3) I give permission for BBBS/YMCA or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician;
- 4) I give permission for my dependents to participate in BBBS/YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for BBBS/YMCA allowing me, and if applicable, my spouse and my dependents to participate in BBBS/YMCA activities, I understand and expressly acknowledge that I release BBBS/ YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in BBBS/YMCA activities whether on or off BBBS/YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the BBBS/YMCA, its employees, boards, members, volunteers or guests;
- 5) I understand that all information will be held in strict confidence by Big Brothers Big Sisters of Snohomish County, and will be utilized ONLY for assessment and possible matching with a Big Brother/Big Sister. The undersigned acknowledges and agrees that any normal limits on confidentiality do not apply in case of negligence, instances of physical or sexual abuse, or if applicant is deemed to be a danger to himself/herself/or others, and that such information as the agency may have in these matters can be used in civil or criminal proceedings.

Signature

Date



Big Brothers Big Sisters
of Snohomish County

Authorization for Exchange of Confidential Information

Youth's Name _____ **Birth Date** _____

I hereby authorize the mutual exchange of confidential information between:

Big Brothers Big Sisters of Snohomish County
10520 19th Ave. SE, Suite B
Everett, WA 98208

AND

Name of School & Teacher _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Has your child received counseling? Circle one: Yes / No

If so, from whom?

Name _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

When was this? _____ **Why was counseling sought?** _____

I authorize the release of any information regarding the above named youth to and from Big Brothers Big Sisters of Snohomish County during the intake and match relationship process for the purpose of assessing eligibility for the Big Brothers Big Sisters of Snohomish County program and to facilitate matching and supporting my child's relationship with a appropriate "Big". This authorization shall become effective immediately and shall remain in effect for the duration of the Big Brothers Big Sisters of Snohomish County intake process and match relationship. This authorization will cease when the youth is no longer a waiting or active participant in the BBBS program. This form will automatically transform with the child in the event of change of school/Counselor.

Signature of Guardian

Date



Big Brothers Big Sisters
of Snohomish County

Little Brother/Little Sister's Application Form

Parents / Guardians: Please give your child assistance with this form if they are not able to complete it on their own.

Name _____ Age _____

1. Would you like to have a Big Brother or Big Sister? *(circle one)*

Yes No Not Sure

2. Why would you like to have a Big Brother or Big Sister?

3. What kind of person would you like for a Big Brother or Big Sister?

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

5. Whose idea was it for you to have a Big Brother or Big Sister?



6. What should we tell a person interested in being your Big Brother or Big Sister about you?

7. What is the best thing about you?

8. What is the thing about you that you like the least?

9. If you could have three wishes, what would they be?

1. _____
2. _____
3. _____

10. What do you want to do when you grow up?

Signature

Date



Interest Checklist

Name _____

Date _____

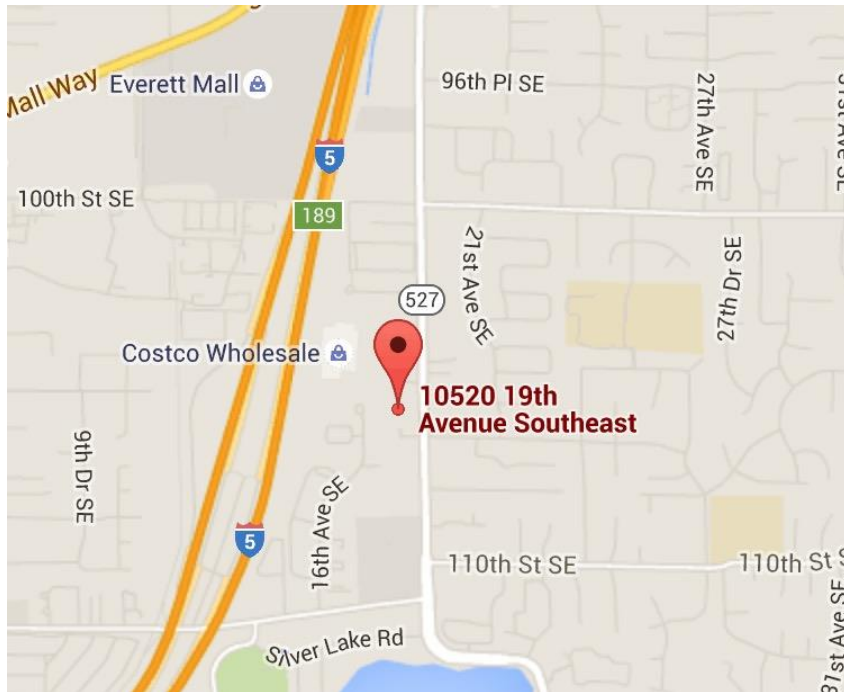
	Like it	Would Try	Don't Like
Baseball / Softball			
Soccer			
Basketball			
Football			
Jogging			
Racquetball			
Tennis			
Badminton			
Skateboarding			
Volleyball			
Bike Riding			
Snow Boarding			
Snow Skiing			
Water Skiing			
Boating / Canoeing			
Swimming			
Fishing			
Gardening			
Hiking			
Camping			
Hunting			
Horseback Riding			
Golfing			
Gymnastics			
Bowling			
Ice Skating			

	Like It	Would Try	Don't Like
Roller Skating			
Ping Pong			
Working on Cars			
Motorcycles			
Frisbee			
Crafts			
Woodworking			
Drawing			
Sewing			
Baking /Cooking			
Shopping			
Movies			
Animals			
Drama / Theater			
Talking			
Restaurants			
Museums			
Board Games			
Computers			
Video Games			
Singing/Dancing			
Garage Sales			
Reading			
Going to Parks			
Music _____			
Other _____			

Our NEW office location:

10520 19th Ave. SE, Suite B, Everett, WA 98208

425-252-2227



From the North

Going South on I-5 take Exit 189 onto WA-526 W toward Mukilteo, Whidbey Is. Ferry

Exit left onto WA-526 W toward Mukilteo, Whidbey Is. Ferry

Keep right on WA-99 toward WA-527

Keep right toward WA-527 S 19th Ave SE

Turn right onto 19th Ave SE

In 1.2 miles turn right

(Office is in the shared building with Costal Community Bank. The entrance faces the parking lot that is adjacent to 19th Ave SE

From the South

Going North on I-5, take exit 189 onto WA-527 N, WA-526 W toward WA-99, Everett Mall Way

Turn right onto 19th Ave SE

In 0.8 miles turn right and arrive at the destination