



**Return application to:**

4730 Colby Avenue

Everett, WA 98203

Phone: 425-252-2227

Fax: 425-259-4543

Email: [sleavitt@bbbs-snoco.org](mailto:sleavitt@bbbs-snoco.org)



## WE ARE HERE TO DEFEND YOUR POTENTIAL YOUTH APPLICATION

### **What is Big Brothers Big Sisters of Snohomish County?**

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

### **What is a Big Brother or Big Sister?**

A Big is an adult volunteer, 21 years or older (18+ in our school based program), who wants to share activities with a youth 2-4 times a month. 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. Bigs and Littles make a commitment for at least one year.

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

Any child between the ages 6-17, who lives in Snohomish County, and 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 submit an application, 3+ references, 2 background checks, an interview, a DOL abstract, and training. 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 Little. When a possible Big is found, our staff contacts the volunteer, the parent, and youth 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?**

It is our intention to carefully match Bigs and Littles so that the mentoring relationship is likely to continue for many years. We factor in location, personality, and shared interests when we are matching a Big and a Little, and it can sometimes take a while to line up all three factors. For this reason, it can sometimes take up to 18 months to put together a great match.



## ENROLLMENT PROCESS



STEP 1, APPLICATION: Submit your application and pre-interview questions



STEP 2, INTERVIEW: You will be contacted to complete an in-person interview with a member of our staff to learn more about you, your family, your child, their interests, and their personality. Parents/guardians and youth will be interviewed separately on the same day.



STEP 3, BACKGROUND REPORT: Our staff will contact the youth's teacher, school counselor, and/or mental health counselor for further information to assist us with making the best match possible.



STEP 4, ACCEPTANCE/DENIAL: Not every youth who applies is accepted into our program. Once the enrollment process is complete, you will be contacted by a member of our staff to inform you of our final decision.



STEP 5, MATCH MEETING: Bigs are matched with a Little based on similar interests, geographical location, complimentary personality and values to ensure a lasting relationship. Once a match is made a Big and Little will meet for the first time in our office to make the match official.



STEP 6, SUPPORT: Each match is contacted by a case worker once a month for the first year to receive support and guidance. After the first year, match support is performed quarterly.

**YOUTH APPLICATION**
**YOUTH INFORMATION**

Full Legal Name (first middle last):		
Preferred Name:		Previous Name(s):
Youth Cell: Is it okay to text youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth Email:
Date of Birth (MM/DD/YYYY):		SSN:
School:		Graduation Year:
<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans male <input type="checkbox"/> Trans female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other: _____	<b>ORIENTATION</b> <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:	<b>PREFERRED PRONOUNS</b> <input type="checkbox"/> He/him/his <input type="checkbox"/> She/her/hers <input type="checkbox"/> They/them/their <input type="checkbox"/> Other: _____
<b>LIVING SITUATION</b> <input type="checkbox"/> Two Parent: married <input type="checkbox"/> Two Parent: unmarried <input type="checkbox"/> Two Parent: 2 females <input type="checkbox"/> Two Parent: 2 males <input type="checkbox"/> One Parent: female <input type="checkbox"/> One Parent: male <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Sibling Guardian <input type="checkbox"/> Other Relative: _____ <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Institution <input type="checkbox"/> Other/Unkown: _____	<b>RACE</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-Racial: Black & Asian <input type="checkbox"/> Multi-Racial: Black & Hispanic <input type="checkbox"/> Multi-Racial: Black & White <input type="checkbox"/> Multi-Racial: Hispanic & Asian <input type="checkbox"/> Multi-Racial: Hispanic & White <input type="checkbox"/> Multi-Racial: Hispanic & Black <input type="checkbox"/> Multi-Racial: _____ <input type="checkbox"/> Other: _____	<b>FAITH AFFILIATION</b> <input type="checkbox"/> Agnostic <input type="checkbox"/> Amish <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Christian – Denomination: <input type="checkbox"/> Eastern Orthodox <input type="checkbox"/> Evangelical <input type="checkbox"/> Hindu <input type="checkbox"/> Islamic <input type="checkbox"/> Jewish <input type="checkbox"/> Mormon/LDS <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Protestant <input type="checkbox"/> Quaker/Mennonite <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Scientology <input type="checkbox"/> Shamanism <input type="checkbox"/> Wicca <input type="checkbox"/> Traditional Native American
<b>PARENT/LEGAL GUARDIAN INFORMATION</b>		
Full Name:		Preferred Name:
Home address:		
City:	State:	Zip Code:
Cell Phone: Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone:	Work phone: Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary email address:		Secondary email address:
Current employer:		Job Title:

**YOUTH APPLICATION**

Employer address:

**PARENT/LEGAL GUARDIAN INFORMATION (CONTINUED)**

<b>RELATIONSHIP TO YOUTH</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Relative – other: <input type="checkbox"/> Foster Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Clergy <input type="checkbox"/> Probation Officer <input type="checkbox"/> Non-relative - other: <input type="checkbox"/> Self-emancipated minor <input type="checkbox"/> Social Worker/Case Manager	<b>RELATIONSHIP STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living with Significant Other <input type="checkbox"/> Domestic Partner  <b>ORIENTATION</b> <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:	<b>RACE/ETHNICITY</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-Racial: Black & Asian <input type="checkbox"/> Multi-Racial: Black & Hispanic <input type="checkbox"/> Multi-Racial: Black & White <input type="checkbox"/> Multi-Racial: Hispanic & Asian <input type="checkbox"/> Multi-Racial: Hispanic & White <input type="checkbox"/> Multi-Racial: Hispanic & Black <input type="checkbox"/> Multi-Racial: _____ <input type="checkbox"/> Other: _____
		<b>NATIONALITY:</b>  <b>TRIBAL AFFILIATION:</b>

<b>FAITH AFFILIATION</b> <input type="checkbox"/> Christian: _____ <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Agnostic <input type="checkbox"/> Amish <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Islamic <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Jewish <input type="checkbox"/> Mormon/LDS <input type="checkbox"/> Quaker/Mennonite <input type="checkbox"/> Salvation Army <input type="checkbox"/> Scientology <input type="checkbox"/> Seventh Day Adventist <input type="checkbox"/> Shamanism <input type="checkbox"/> Traditional Native American <input type="checkbox"/> Wiccan/pagan <input type="checkbox"/> Other: _____	<b>CUSTODY ARRANGEMENT</b>  Do you have legal custody of this youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a person who shares legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name of person with shared/legal custody: Phone number: Email: <b>Relationship to youth:</b>  Does this person have contact with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?  If yes, are they aware and supportive of the child's enrollment in the BBBS program? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**FINANCIAL INFORMATION**

<b>Annual Household Income</b> <input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-20,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$25,000-\$30,000 <input type="checkbox"/> \$30,000-\$35,000 <input type="checkbox"/> \$35,000-\$40,000 <input type="checkbox"/> \$40,000-\$45,000 <input type="checkbox"/> \$45,000-\$50,000 <input type="checkbox"/> \$50,000-\$60,000 <input type="checkbox"/> \$60,000-\$75,000 <input type="checkbox"/> \$75,000+
Are you receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No

**YOUTH APPLICATION**

Does the youth receive free or reduced lunch?  Yes  No

**MILITARY SERVICE**

Does this youth have a parent(s) currently enrolled in or retired from the US military?  
 Yes  No

Dates of service:

**BRANCH**

- Air Force
- Army
- Marine Corps
- Navy
- Coast Guard
- ROTC

**STATUS**

- Active
- National Guard
- Reserve
- Retired
- Separated/Discharged
- Deceased

**CHARACTER OF**

**SEPARATION/DISCHARGE**

- Honorable
- General (under honorable conditions)
- Other than honorable conditions
- Bad Conduct
- Dishonorable

**MEDICAL INFORMATION**

Doctors name:

Address:

City:

State:

Zip code:

Insurance Plan:

Insurance #:

Allergies:

Medications:

Other important medical information:

**PARENT/GUARDIAN AGREEMENT****PLEASE READ AND INITIAL EACH SECTION**

**Mission:** The YMCA of Snohomish County promotes the values of caring, honesty, respect, and responsibility through programs that build strong kids, strong families, and strong communities. The Big Brothers Big Sisters Mission is to provide children facing adversity with strong and enduring professionally supported one-to-one relationships that change their lives for the better, forever. I agree to cooperate in the fulfillment of both of these mission statements.

**Initial:** \_\_\_\_\_

**Certification:** I certify that the information contained in this application form is true, correct and complete to the best of my knowledge.

**Initial:** \_\_\_\_\_

**Limits of confidentiality:** I understand that all information will be held in strict confidence by BBBS and will be utilize only for assessment and possible matching with a Big Brother or Big Sister. The undersigned acknowledges and agrees that any normal limits on confidentiality do not apply in case of negligence, instances or physical and 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

**Initial:** \_\_\_\_\_

**Media Consent:** I give permission for the YMCA/BBBS to use, without limitation or obligation, my image and voice, including photos and video, for publicity purposes to promote the YMCA/BBBS program. The images/voices may be used in various promotional materials (such as our website), news media publicity, Facebook, Instagram, and Twitter. It is my understanding that first names, images/voices may be used by BBBSSC corporate partners. I agree that there will be no compensation whatsoever for this participation or for the use of resulting materials by Big Brother Big Sisters. Big Brothers Big Sisters of Snohomish County unconditionally releases me from all liabilities or claims that may result from the existence and use of any such materials.

**Initial:** \_\_\_\_\_

**Medical Treatment:** I give permission for YMCA/BBBS staff 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.

**Initial:** \_\_\_\_\_

**Release of Liability/Participation:** I give permission for my dependents to participate in YMCA/BBBS activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA/BBBS allowing me, and if applicable, my spouse and my dependents to participate in YMCA/BBBS activities, I understand and expressly acknowledge that I release the YMCA/BBBS, 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 YMCA/BBBS activities whether on or off the YMCA's/BBBS' premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

**Initial:** \_\_\_\_\_

**Program Acceptance:** I understand that BBBS is not obligated to match my child in the program and that it may be for any number of reasons that it is not considered a good fit. I understand that BBBSSC is not obligated to give reasons for non-acceptance. It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes. I agree to timely communication and follow-up with all agency staff. At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges, and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

**Initial:** \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

**PARENT PRE-INTERVIEW QUESTIONS**
**General**

1. How did you hear about Big Brothers Big Sisters of Snohomish County?

2. Has the Little been diagnosed with any chronic illness?

Chronic or acute asthma  Cancer  Diabetes  HIV/AIDS  Heart condition

3. Has the Little been diagnosed with a mental health disorder?

Anxiety/panic disorder  Oppositional Defiance Disorder  Bipolar Disorder  Depression  Obsessive Compulsive Disorder  Agoraphobia  Schizophrenia  PTSD  Tourette Syndrome

4. Has the Little been diagnosed with any developmental disorders?

ADD  ADHD  Asperger's Syndrome  Autism  Down Syndrome  Dyslexia  Intellectual disability  
 Learning disability  Visual impairment  Epilepsy  Memory Loss  Hearing impairment  
 Cerebral Palsy  Paralysis/Mobility impairment  Traumatic Brain Injury

5. Has the Little been exposed to any of the following traumas?

Alcohol addiction  Drug addiction  Physical Abuse  Sexual abuse  Emotional abuse  Domestic abuse  Homelessness  Community violence  Parental incarceration  Death of a parent  Neglect

6. Is there a significant person in the youth's life who is currently or has a past history of gang involvement?

Yes  No

7. Do you or your child feel unsafe in your neighborhood?  Yes  No

8. Has the youth had any involvement in the Juvenile Justice system?  Yes  No

9. Have there been any major changes or crises within the past year (death in the family, hospitalization/illness, birth of sibling, abuse, divorce, or change in amount of contact with a family member, etc)?  Yes  No

10. If you answered yes to any of the above questions, please give more details:

11. What language(s) are spoken at home?

12. Are there any people besides yourself and the youth living in your household?  Yes  No – If yes, please provide details below:

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

13. Do you anticipate any changes that might make it difficult to complete fulfill the 12 month obligation?  Yes  No

Details:

<p>14. <b>Are you willing and able to communicate with a BBBS case manager at least once a month via phone calls and/or email while the youth is enrolled in our program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. <b>Why would you like for the youth to have a Big Brother/Big Sister?</b></p>
<p>16. <b>Does your child have any medical or physical conditions that might affect him or her participating in activities with a Big Brother/Big Sister?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details:</p>
<p>17. <b>Is the youth receiving mental health counseling/therapy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
<p>18. <b>Please check all that apply to this youth:</b>  <input type="checkbox"/> Routinely has temper tantrums <input type="checkbox"/> Needs assistance at meal times <input type="checkbox"/> Allergies to food or plants  <input type="checkbox"/> Difficulty separating from parents/guardians <input type="checkbox"/> Needs assistance with personal care <input type="checkbox"/> Aggressive towards others  <input type="checkbox"/> Hyperactivity or poor impulse control <input type="checkbox"/> Uses a wheelchair/walking aid</p>
<p>19. <b>Within the last year, has the youth been in any trouble at school?</b> <input type="checkbox"/> No <input type="checkbox"/> Poor Grades <input type="checkbox"/> Skipping classes/school  <input type="checkbox"/> Tardiness <input type="checkbox"/> Behavioral problems <input type="checkbox"/> Suspension(s) <input type="checkbox"/> Expulsion(s) <input type="checkbox"/> Transferred to an alternative school          If yes, please provide details:</p>
<p>20. <b>What areas do you think the youth could benefit from mentoring (check all that apply):</b>  <input type="checkbox"/> Improve self-esteem <input type="checkbox"/> Improve friendships <input type="checkbox"/> Improve social skills <input type="checkbox"/> improve parental/adult trust  <input type="checkbox"/> Avoidance of smoking, drinking, drugs <input type="checkbox"/> avoidance of skipping school/tardies <input type="checkbox"/> avoidance of hitting/bullying  <input type="checkbox"/> Improve grades <input type="checkbox"/> Improve attitude toward school/teachers <input type="checkbox"/> Improve attitude towards high school/college</p>



**YOUTH PRE-INTERVIEW QUESTIONS**

**Parents/Guardians:** These questions are to be answered by the child, in their own words, and preferably filled out by them. You may provide assistance if they are not able to complete it on their own.

**General**

1. **Would you like to have a Big Brother/Big Sister?**  Yes  No  Not Sure
2. **FOR LITTLE BROTHERS ONLY:** Little Brothers have the option to be matched with a Big Brother, Big Sister, or a Big Couple. Would you like to be matched with:  
 Big Brother only  Big Sister only  Big Couple only  any of the options is fine
3. **Why would you like to have a Big Brother/Big Sister?**
4. **What kind of person would you like for a Big Brother/Big Sister?**
5. **What kinds of things would you like to do with your Big Brother/Big Sister?**
6. **What should we tell your Big Brother/Big Sister about you?**
7. **I am proud of:**

8. When I grow up:

9. It makes me angry when:

10. I worry most about:

11. I hate when adults:

12. You have been granted three wishes. What are they?

➤

➤

➤

**X**

\_\_\_\_\_  
Signature of youth

\_\_\_\_\_  
Date

**YOUTH INTERESTS**

Please check any areas of interest and activities that you would enjoy.

Sports		S.T.E.M	Arts & Crafts
<input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Gymnastics <input type="checkbox"/> Racquetball <input type="checkbox"/> Bowling <input type="checkbox"/> Skating <input type="checkbox"/> Weight Lifting <input type="checkbox"/> Skateboarding <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Jogging/Track <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Golf <input type="checkbox"/> Cheerleading <input type="checkbox"/> Wrestling <input type="checkbox"/> Paintball <input type="checkbox"/> Bicycling <input type="checkbox"/> Auto Racing <input type="checkbox"/> Ice Skating <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Auto Mechanics <input type="checkbox"/> Motorcycles <input type="checkbox"/> Woodworking <input type="checkbox"/> Model cars <input type="checkbox"/> Model boats <input type="checkbox"/> Model airplanes <input type="checkbox"/> Electronics <input type="checkbox"/> Space <input type="checkbox"/> Coding <input type="checkbox"/> Robots <input type="checkbox"/> Architecture <input type="checkbox"/> Lego/Building blocks <input type="checkbox"/> Sudoku <input type="checkbox"/> Crime Scene Investigation <input type="checkbox"/> Weather <input type="checkbox"/> Medicine/Health <input type="checkbox"/> Video games <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Sewing <input type="checkbox"/> Cooking <input type="checkbox"/> Baking <input type="checkbox"/> Ceramics <input type="checkbox"/> Photography <input type="checkbox"/> Band <input type="checkbox"/> Singing <input type="checkbox"/> Acting <input type="checkbox"/> Dancing <input type="checkbox"/> Live Theatre <input type="checkbox"/> Anime <input type="checkbox"/> DIY <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Outdoor Life		Games	Miscellaneous
<input type="checkbox"/> Animals <input type="checkbox"/> Star gazing <input type="checkbox"/> Gardening <input type="checkbox"/> Snow boarding <input type="checkbox"/> Skiing <input type="checkbox"/> Water skiing <input type="checkbox"/> Boating/Canoeing <input type="checkbox"/> Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Hiking <input type="checkbox"/> Camping <input type="checkbox"/> Hunting <input type="checkbox"/> Horseback riding <input type="checkbox"/> Going to the park <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Card games <input type="checkbox"/> Playing video games <input type="checkbox"/> Checkers <input type="checkbox"/> Chess <input type="checkbox"/> Dominoes <input type="checkbox"/> Board Games <input type="checkbox"/> Dungeons and Dragons <input type="checkbox"/> LARP <input type="checkbox"/> Magic the Gathering <input type="checkbox"/> Puzzles <input type="checkbox"/> Charades <input type="checkbox"/> Treasure Hunts <input type="checkbox"/> Obstacle Course <input type="checkbox"/> Foosball <input type="checkbox"/> Table Tennis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Shopping <input type="checkbox"/> Movies <input type="checkbox"/> Talking <input type="checkbox"/> Restaurants <input type="checkbox"/> Museums <input type="checkbox"/> Garage Sales <input type="checkbox"/> Antiques <input type="checkbox"/> Reading: non-fiction <input type="checkbox"/> Reading: fiction <input type="checkbox"/> Reading: comic books <input type="checkbox"/> Reading: newspapers <input type="checkbox"/> Reading: Magazines <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
1. Which do you enjoy more? <input type="checkbox"/> Watching activities <input type="checkbox"/> Doing activities <input type="checkbox"/> Both			
2. Do you <u>most</u> like to <input type="checkbox"/> participate in sports or <input type="checkbox"/> watch sports?			
3. Which do you enjoy more? <input type="checkbox"/> Being outdoors <input type="checkbox"/> Being indoors <input type="checkbox"/> Both			
4. Do you feel that you would be successful with a Big who is: <input type="checkbox"/> talkative <input type="checkbox"/> quiet <input type="checkbox"/> either			
5. <b>Are there any other interests or preferences that you would like us to consider?</b>			

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**
**YOUTH INFORMATION**

Name:

Date of Birth:

Name of parent/guardian:

Home address:

City:

State:

Zip Code:

**SCHOOL**

Name of School:

Teacher:

Counselor:

Address:

City:

State:

Zip Code:

Phone:

Fax:

**MENTAL HEALTH PROVIDER**

Counseling Facility:

Therapist/Counselor:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

**NONPROFIT ORGANIZATION**

Organization: Big Brothers Big Sisters of Snohomish County

 Address: 10520 19<sup>th</sup> Avenue SE, Suite B

City: Everett

State: WA

Zip Code: 98208

Phone: 425-252-2227

Fax: 425-259-2487

Email: knorman@bbbs-snoco.org

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 an 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.

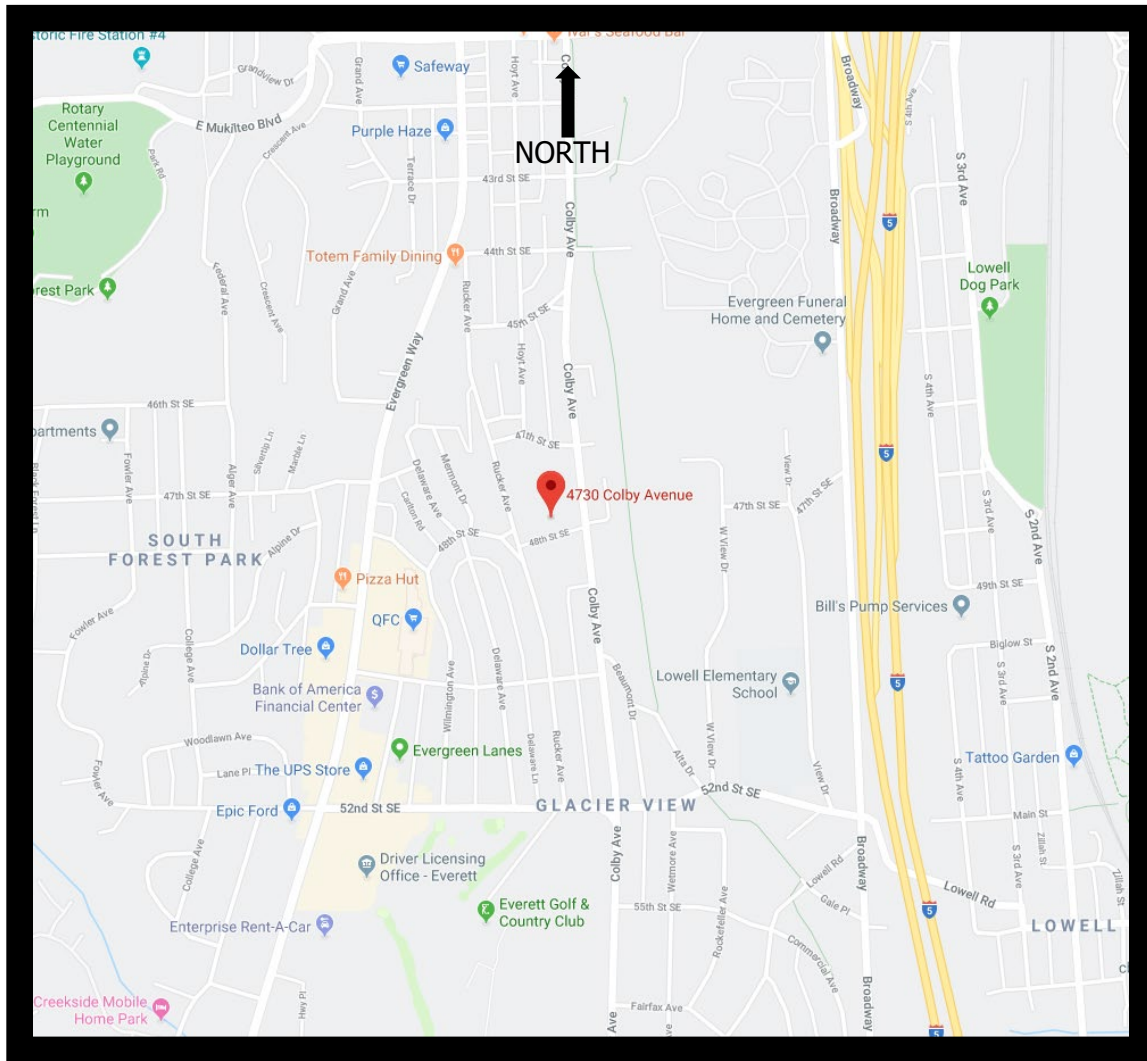
Signature of youth (aged 13+):

Printed name of youth (aged 13+):

Signature of parent/guardian:

Printed name of parent/guardian:

Date:



## **BIG BROTHERS BIG SISTERS OFFICE**

**4730 Colby Avenue  
Everett, WA 98203  
425-252-2227**

### **From the North**

Take I-5 South to 41st St in Everett. Take exit 192 and head west. Turn left onto Colby Avenue and head south for approximately 0.7 miles. Building will be on your right.

### **From the South**

Take I-5 North to 41st St in Everett. Take exit 192 and head west. Turn left onto Colby Avenue and head south for approximately 0.7 miles. Building will be on your right.