



# Big Brothers Big Sisters of the Black Hills

## CLIENT APPLICATION

### Our Mission:

*To match quality volunteer mentors with children and young mothers*

Big Brothers Big Sisters of the Black Hills appreciates your interest in our Program. Our Agency realizes that growing up can be hard. Some boys and girls need special attention outside their family to make this time in their life a little bit easier. A Big Brother, Big Sister, or Big Couple offers a child that attention through shared activities, conversations, and a relationship that is just for them.

## PROGRAMS OFFERED

### Community-Based Programs:

- **Big Brothers, Big Sisters, Big Couples (married couples), and Big Families:** This program is designed to match children, who are between 5 and 15 years old, with an adult who can serve as a positive role model. Bigs and Littles are matched One-To-One® for friendship and support for a period of at least one year.
- **Student Volunteer Program:** This program matches children, who are 5 to 12 years old, with high school and college aged students who provide them with the friendship of a Big Brother or Big Sister for at least 9 months.
- **Mother Mentor Program:** This program is designed to match adult women, who have experienced parenting, with a teen or new mother for a period of one year. The goal of this program is to provide emotional support and relevant educational and parenting information.
- **Campus Kids:** This program is designed to serve the children, primarily boys, who are on our waiting list for a mentor. In partnership with the South Dakota School of Mines and Technology, Campus Kids matches college-aged volunteers with children one night a week during the school year. Volunteers and children meet for meals, homework time, and leadership/teambuilding activities.

## **COMMUNITY-BASED PROGRAM ENROLLMENT REQUIREMENTS:**

*(Big Brothers, Big Sisters, Big Couples, Big Families & Student Volunteer Program only)*

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- **Children must be between the ages of 5 and 15.**
  - **Parent and child must be willing to commit to the match relationship for one year, with the Big & Little spending 2-4 hours a week or every other week together.**
  - **Parent completes the Client Application.**
  - **Both the parent & child are interviewed.**
  - **Parent must give consent for staff to obtain school, counseling, and any other relevant information.**
  - **Child must have completed the EMPOWER Training (personal safety and child sexual abuse prevention training) prior to being matched.**
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For information on the Mother Mentor Program's enrollment requirements,  
call Big Brothers Big Sisters.

**Big Brothers Big Sisters of the Black Hills  
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Fax: (605) 343-5679  
Website: [www.bigmentors.com](http://www.bigmentors.com)**



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## Membership Application for Little Brothers/Little Sisters

### LITTLE BROTHER/LITTLE SISTER

Child's Sex: **Male** **Female**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

Street City Zip Code

Child lives with: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

### FAMILY INFORMATION

#### ***MOTHER:***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

Street City Zip Code

E-Mail Address: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Education: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Can you receive phone calls at work? \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

#### ***FATHER:***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

Street City Zip Code

E-Mail Address: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Education: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Can you receive phone calls at work? \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

#### ***GUARDIAN (if child is not living with parent):***

Guardian's name and relationship to child (i.e., grandparent, aunt/uncle, family friend, unrelated, etc.):

#### ***HOUSEHOLD:***

Please list anyone living in the home with your child, their ages and relationship to your child:

#### ***OTHER SERVICES:***

Are you currently receiving services from any other agencies or institutions? \_\_\_\_ If yes, please list the services you're currently receiving. \_\_\_\_\_

Does the absent parent pay child support? \_\_\_\_\_ Do you receive TANF benefits? \_\_\_\_\_

Do you receive other financial support? \_\_\_\_\_ If so, what? \_\_\_\_\_

## **FAMILY HISTORY**

If your child is being raised in a single-parent home, how did you become a single-parent?

Divorce    Death    Separation    Desertion    Never Married

**Please include date and cause of separation, divorce, or death:** \_\_\_\_\_

Have there been any drug or alcohol abuse issues in the child's family? \_\_\_\_\_

Has your child been sexually abused? \_\_\_\_\_ Has your child been physically abused?

\_\_\_\_\_ If yes, by whom and when? \_\_\_\_\_ Was it reported? \_\_\_\_\_

## **DESCRIBE CHILD'S PERSONALITY**

Please **check** those, which best describe your child:

<input type="checkbox"/> Lack's self-confidence	<input type="checkbox"/> Assertive	<input type="checkbox"/> Shy, withdrawn
<input type="checkbox"/> Wants his/her own way, bossy	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Mature for age
<input type="checkbox"/> School problems	<input type="checkbox"/> Immature for age	<input type="checkbox"/> Friendly, outgoing
<input type="checkbox"/> Well-behaved	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resents authority
<input type="checkbox"/> Responsible	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Inactive, sedentary

Please add any other comments that would describe your child's personality and behavior:

## **SUMMARY**

How did you learn about our Program? \_\_\_\_\_

What are your expectations for your child through the Program? \_\_\_\_\_

Please list your nearest relative or friend, whom we can contact in case we can't reach you or in case of an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*The information given in this application will be kept confidential and will be used by the Agency in matching your child with a Big Brother or Big Sister and to enable him/her to participate in activities.*

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PARENT/CHILD VOLUNTARY RELEASE

When a child and volunteer are considered for a match due consideration is given to those relevant factors that may significantly affect the volunteer/child relationship.

I hereby acknowledge, stipulate and agree that Big Brothers Big Sisters of the Black Hills is in no way obligated to assign, match or actively seek to assign or match a volunteer to my child. I further acknowledge, stipulate, and agree that Big Brothers Big Sisters of the Black Hills makes no guarantees, assurances, or other commitments, either express or implied, as to the impact or results of a match upon any of the parties involved. In recognition thereof, I hereby agree to hold harmless and free from any liability whatsoever the Big Brothers Big Sisters agencies, both local and national, and all agents and representatives thereof, resulting from any event, circumstance, or occurrence associated with their efforts.

- I have read this document.
- I understand it is a release of all claims.
- I voluntarily sign my name evidencing my acceptance of the above provisions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Full Name

\_\_\_\_\_  
Print Child's Full Name

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## TALENT/MEDIA RELEASE

I hereby consent to the use, sale, reproduction, transfer, or conveyance, of any and all photographs, images, likenesses, and voice recordings of my child in all forms (with or without the use of my name) by Big Brothers Big Sisters of the Black Hills, or by any designee of the Agency.

I hereby consent to the use of all forms of media including advertising, trade, display, editorial, art, exhibition and Agency newsletters (with or without my photograph and/or my name). I hereby give this consent and release to Big Brothers Big Sisters of the Black Hills, their nominees and designees from liability for any violation of any personal or proprietary right and agree to hold Big Brothers Big Sisters of the Black Hills harmless from all liability from the use, sale, reproduction, transfer or conveyance of the aforementioned items.

- I have read this document.
- I understand it is a release of all claims.
- I voluntarily sign my name indicating my acceptance of the above.

**Check one:**     I give my consent (SIGN BELOW)                       I don't give my consent (DO NOT SIGN BELOW)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Full Name

\_\_\_\_\_  
Print Child's Full Name