

Client Application

Client Information

Child's Name _____ Date of Application _____

Race _____

School _____ Grade _____ Birth Date _____

Child living with: Mother
 Father
 Guardian
 Relative

Is child taking any medications? no
 yes, please list _____

Custodial Family Information

Name _____ Relationship _____

Address _____ City _____ Zip _____

Telephone _____ (home) _____ (work)

Employer _____ Occupation _____

Please check all sources of family income: Employment
 Support Payment
 Family Independence Agency
 Social Security
 Veterans Administration
 Other _____

Do you have transportation? yes
 no

If you do not have a telephone, please list a neighbor or relative where you can be contacted.

Name _____ Relationship _____ Phone _____

Child's Brothers and Sisters:

Name	Birth Date	Address (if different)

Non-Custodial Parent Information (if known and applicable)

Name _____ Telephone _____

Address _____ City _____ State Zip _____

Employer _____ Occupation _____

Contact with child: Weekly
 Bi-Weekly
 Monthly
 Other _____

Please provide documentation of custody arrangements (e.g., divorce papers, Friend of the Court order, guardianship papers)

Additional Child Information

Why do you think a Big Brother/Big Sister is needed?

Has your child had any contacts with the police or juvenile court? no
 yes, please describe

Please rate your child in the following areas on a scale of 1 to 5, 1 being poor, 5 being good.

- _____ Self Esteem
- _____ Sibling Relationships
- _____ Peer Relationships
- _____ School Performance
- _____ Teacher Relationships
- _____ Cooperation at Home

Please list any after school activities, such as school sports, boy/girl scouts, Little League your child is involved in:

Does your child have any physical limitations? no
(if yes, describe) yes _____

Are there any behavior and/or personality issues? no
(if yes, describe) yes _____

Emergency Contact

If you are not available, who do we contact in case of an emergency?

Name _____ Telephone _____

The information contained in this application is correct and accurate to the best of my knowledge and I understand that this application constitutes a request to Mid Michigan Big Brothers/Big Sisters to involved my child in their program. I further understand that Mid Michigan Big Brothers/Big Sisters reserves the right to accept or reject my child based on pre-established criteria, and retains the right to close a match at any time without explanation. I realize that Mid Michigan Big Brothers/Big Sisters is not obligated to assign, or actively seek to assign, a Big Brother/Big Sister for my child. I give my permission to release information regarding myself and /or my child to a volunteer Big Brothers/Big Sisters has selected for my child. I further understand that I will also have the opportunity to learn about a potential volunteer before a match is made, and that I will have the option not to accept the candidate selected by Mid Michigan Big Brothers/Big Sisters.

Signature _____ Date _____

Witness _____ Date _____

If you have a recent picture of the child, please attach.