

Parent/Guardian Application

Parent/Guardian's Legal Name:			Child's Legal Name:		
Parent/Guardian's Preferred name:			Child's Preferred Name:		
Address:		City:	State:	Zip:	School:
Relationship to Child:	Youth's DOB:	Youth's Gender identity		Ethnicity:	
Preferred Phone Number:			Email:		
Address:		City:	State:	Zip:	
Can We Contact You At Work?	Work Hours:	Best Way to Contact You: (cell, email, etc)			
____ Yes ____ No					

1. What is the primary reason for you wanting your child to have a Big? _____

2. Do you anticipate any significant life changes over the next year or have you had any in the past year? _____
 If yes, please explain: _____

Evaluation and Release of Information

In order to ensure an appropriate evaluation and a match for my child, I _____ (parent/guardian) hereby authorize BBBS of Central Oregon to conduct a preliminary interview with my child at school and to conduct a complete assessment and to obtain any previous evaluation information on _____ (client), for the purpose of evaluating their needs, coordinating with other agencies and determining appropriate services including a match with a mentor.

I have read and understand the above Confidentiality Policy and Evaluation and Release of Information statements. I hereby certify that I will take no action whatsoever against Big Brothers Big Sisters of Central Oregon because of any act and/or the revealing of any information during or after a complete evaluation. I waive my right to make any claim as a result hereof, directly or indirectly.

 Signature of Parent/Guardian

 Date