

**Big Brothers Big Sisters of Mohave County
A Program of the Interagency Council**

YOUTH APPLICATION

Youth's Name: _____ DOB: ____/____/____
 Youth's Gender: Male Female Youth's Race/Ethnicity: _____
 Youth's Language: _____ Youth's Social Security #: ____-____-____
 School: _____ Grade: _____ Teacher: _____

Parent/Guardian's Name: _____ Relation: _____
 Is Parent Receiving Income Assistance? Yes No Race/Ethnicity: _____
 Social Security #: ____-____-____ Language: _____
 Physical Address: _____ City: _____ State: AZ Zip Code: _____
 Mailing Address (if different than above): _____
 Home Phone: () _____ Cell Phone: () _____
 Email: _____ Do you use your email frequently? Yes No
 Parent/Guardian's Place of Employment: _____
 Work Phone: () _____ Can we contact you at work? Yes No

Are you the legal guardian of the above name youth? Yes No

Do you have shared custody? Yes No If No, please explain: _____

Is the non-custodial parent aware of the youth's enrollment in BBBS? Yes No

Is it okay for the Big Brothers Big Sisters to contact this parent? Yes No

Do you have any other pertinent information to add? _____

Contact information for anyone other than yourself who has custody:

Name First & Last	Relation to Youth	Phone Number	Address	Date of Birth

What is your living situation? Two parent household One Parent: __ Female __ Male

Foster Home Group Home other relative of youth (non-parent) other: _____

Please list below EVERYONE living in the home:

	Name First & Last	Relation to Youth	Date of Birth	Gender
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

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10.			
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What is the primary reason for you wanting your youth to have a Big Brother/Big Sister?

Does your youth have any behavioral, health or medical conditions that might limit him/her in participating in activities with a Big Brother/Big Sister? Yes No

If yes, please explain: _____

Are there any other agencies or professionals currently serving your youth? Yes No

If Yes, please explain: _____

Has your youth ever been involved with the juvenile justice system or the police? Yes No

If yes, please explain: _____

Has your youth ever been suspended or expelled from school? Yes No

If yes, please explain: _____

Does your youth participate in the Parks and Recreation program? Yes No

Do you anticipate any significant life changes over the next year or have you had any in the past year? Yes No If yes, please explain _____

In Case of an Emergency whom do we contact?

	Name First & Last	Relation to Youth	Phone Number	Address
1.				
2.				
3.				
4.				

****Please read the following and sign:***

I give Big Brothers Big Sisters of Mohave County, a program of the Interagency Council, permission to contact me regarding this application for my youth's enrollment in Big Brothers Big Sisters mentoring programs. I understand that this application does not guarantee enrollment or matching of my youth with a mentor.

Parent/Guardian Signature

Date