

Interview Date \_\_\_\_\_

**BIG BROTHERS BIG SISTERS OF DELAWARE COUNTY**  
**YOUTH APPLICATION**

**Attach  
Recent  
Photo**

220 N. Walnut St.  
Muncie, IN 47305  
(765) 284-4141

This application must be filled out completely by parent/guardian.  
(All information on this application will be kept strictly confidential.)

CHILD'S FULL NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX: male \_\_\_ female \_\_\_ RACE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip

CHILD IS IN HOME OF: (NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

MARITAL STATUS: \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Widowed

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MESSAGE PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CAN YOU BE CONTACTED AT WORK? Yes \_\_\_ No \_\_\_

EMPLOYER \_\_\_\_\_ WORK TIME \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHER OR COUNSELOR \_\_\_\_\_

YEARLY FAMILY INCOME FOR YOUR HOUSEHOLD \$ \_\_\_\_\_ (does not affect eligibility)  
(Includes wages, retirement benefits, income assistance, sick pay for all members of household)

INCOME ASSISTANCE: \_\_\_Yes \_\_\_No (Includes TANF, SSI, housing, food stamps)

LEGAL GUARDIAN: Yes \_\_\_ No \_\_\_ If no, list the legal guardian's information below.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ABSENT PARENT'S NAME (If Applicable) \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

LIST ALL OTHER MEMBERS IN HOUSEHOLD:

	NAME	AGE	RELATIONSHIP TO CHILD	ENROLLED IN PROGRAM?
1.	_____	_____	_____	YES ___ NO ___
2.	_____	_____	_____	YES ___ NO ___
3.	_____	_____	_____	YES ___ NO ___
4.	_____	_____	_____	YES ___ NO ___
5.	_____	_____	_____	YES ___ NO ___
6.	_____	_____	_____	YES ___ NO ___

(over)

The facts set forth in the application for Big Brothers Big Sisters services are true and complete. I understand that if my application is accepted, false statements on this application shall be considered cause for termination from the program. Also, with the completion of this application and my signature below, I recognize that I am merely applying for Big Brothers Big Sisters service for my child and that the Big Brothers Big Sisters organization, at this point, is not committed to provide service for my child. Further, I understand that Big Brothers Big Sisters has a policy in which the agency does not discriminate in the provision of services based on race, age, color, religion, national origin, gender, marital status, sexual orientation, veteran status, or disability.

I also hereby give my permission for Big Brothers Big Sisters to share such pertinent information as is necessary, with the volunteer, to ensure a quality match.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
of Legal Guardian