



**Big Brothers Big Sisters**  
of Central New Mexico

2500 Louisiana Blvd. NE, Suite 200  
Albuquerque, NM 87110  
(505) 837-9223

**LITTLE BROTHER/LITTLE SISTER APPLICATION**

PLEASE PRINT

Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Sex of Child: Female \_\_\_\_\_ or Male \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

*(If you do NOT have a working phone we cannot process your application.)*

Name of Alternate Contact & Relationship to Child. (School Counselor, Neighbor, relative, etc)\* \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Alternate Number \_\_\_\_\_

**\*This person will be contacted if we are unable to contact parent at the phone numbers listed or by e-mail.**

Religion: \_\_\_\_\_

Race/Ethnicity (check one)

- White/Caucasian
- Asian
- Asian and White
- Asian/Pacific Islander
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- American Indian/Alaskan Native and Black/African American
- Hispanic, non-White
- Hispanic, White
- Black/African American and White
- Black/African American
- American Indian/Alaskan Native
- Other Multi-Racial

How is the child's general health? Excellent \_\_\_ Good \_\_\_ Fair \_\_\_

Are there any restrictions on Child's physical activities? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Members of Household—List all persons presently living in home:

<u>NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>NAME OF PARENT/GUARDIAN IN HOME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>HIGHEST SCHOOL GRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Days and Hours at Work \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_ May you be called at work? \_\_\_\_\_ E-mail? \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Separated \_\_\_ Widowed \_\_\_ Date Separated, Divorced or Widowed \_\_\_\_\_

Has either parent/guardian served time in prison? Yes \_\_\_ No \_\_\_. If yes, which parent \_\_\_\_\_ and where \_\_\_\_\_

Has either parent served in the military? What branch and when? \_\_\_\_\_

**Military Only** - Circle all that apply: Mother Father Step-Parent Deployed at this time: Yes or No

Are you receiving: \_\_\_ Family Assistance ( this could include food stamps, social security, and or Medicaid) \_\_\_ Free/Reduced lunches for children

What is the yearly household income?

Less than 10,000 \_\_\_ 10,000 to 14,999 \_\_\_ 15,000 to 19,999 \_\_\_  
20,000 to 24,999 \_\_\_ 25,000 to 29,999 \_\_\_ 30,000 to 34,999 \_\_\_ 35,000 to 39,999 \_\_\_ 40,000 to 44,999 \_\_\_  
45,000 to 49,999 \_\_\_ 50,000 to 54,999 \_\_\_ greater than 55,000 \_\_\_

List below the names and dates of any other agencies or individual professionals who have assisted your family.  
(Public Assistance, Counseling Agencies, Private Therapist, etc.)

<u>AGENCY</u>	<u>DATE</u>	<u>WORKER'S NAME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ABSENT PARENT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Present Marital Status \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_ Highest School Grade \_\_\_\_\_

Has the absent parent ever served time in jail or prison?  Yes  No. If yes, where? \_\_\_\_\_

Explain any child support agreement made by the absent parent: \_\_\_\_\_

Please explain any arrangements for visitation by the absent parent and how often the visits occur: \_\_\_\_\_

When did child last see absent parent? \_\_\_\_\_

How does child feel about this parent? \_\_\_\_\_

Has the absent parent been told about this application for service at Big Brothers/Big Sisters? Yes  No

If yes, what is his/her reaction? \_\_\_\_\_

Why do you think your child needs a Big Brother/ Big Sister? \_\_\_\_\_

**Parent/Guardian Application information**

Your application for your child to become a Little Brother/Little Sister requires that you as the parent/guardian accept and understand certain agency procedures and policies.

The agency will, upon receipt of the completed application, accomplish the following prior to the assignment of the Big Brother or Big Sister:

- 1) If the absent parent is residing in the local area and has visitation rights, a written consent form must be obtained. Such action is necessary to ensure minimal conflict with agency services.
- 2) If referred to us by another agency, we will request completion of a Referral Release form by the parent/guardian from the referral agency or the professional concerned.

In applying for services, you agree to:

- 1) Cooperate with interview.
- 2) Sign and return Referral Release, if applicable.
- 3) Provide information needed to attain written consent form from absent parent, if applicable
- 4) Meet with the assigned support specialist as requested on matters affecting any aspect of the provided services.
- 5) Notify the agency of address or phone number changes in a TIMELY MANNER. If we aren't able to contact you due to address or phone number change your child's file will be closed.

I give my consent for myself and my child to participate in all assessment and evaluation service, to cooperate and assist in all planning activities and to receive all services for my child as deemed necessary by BBBS. I consent to my child completing a questionnaire containing questions about school, home life and personal interests.

I understand that the BBBS agency is not obligated to match my child with a volunteer and that as a part of the enrollment process I will be asked to provide additional personal information about my child, myself and all individuals living in my household. If BBBS determines that there are safety concerns for a volunteer than my child may not be matched. If my child is matched with a Big Brother or Big Sister I agree to support my child's match and to immediately report any concerns I might have to the BBBS staff. If a volunteer feels unsafe while matched with my child the match may be closed and your child may not be re-matched.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE Date \_\_\_\_\_