

PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR HOME:

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>AGE</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

How will your child will benefit from having a Big Brother or Big Sister in their Life?

Please list any agencies that have assisted your family in the past year?

For the purpose of providing a quality service, does your child (or you) have a disability or special accommodations that we need to be aware of? No Yes; explain:

The information given above is correct and accurate to the best of my knowledge and I understand that this application constitutes a request to Big Brothers Big Sisters of North Central West Virginia to involve my child in their program. I further understand that Big Brothers Big Sisters may or may not accept my child based on pre-established criteria. I realize that Big Brothers Big Sisters is not obligated to assign or actively seek to assign a Big Brother or Big Sister for my child.

I understand that I will have the opportunity of learning about a potential match before a match is made and that I will have the option to accept the candidate selected by the agency.

I release Big Brothers Big Sisters of North Central West Virginia, its staff, Board of Trustees and volunteers from any responsibilities or liability resulting from any Big Brothers Big Sisters sponsored activity or match of my child.

SIGNATURE OF PARENT/GUARDIAN

DATE