



Big Friend – Little Friend, Inc.
PO Box 1101
Yankton, SD 57078
(605) 665-6365
www.bigfriendlittlefriend.org

LITTLE FRIEND APPLICATION

Today's Date: _____

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Address: _____

Child lives with: _____ Home phone: _____

Current school: _____ Religion: _____

FAMILY INFORMATION:

Father's name: _____ Employer/Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's name: _____ Employer/Occupation: _____

Work Phone: _____ Cell phone: _____

Guardian (if child is not living w/ parent's) and relationship to child (i.e., grandparent, uncle, etc.)

Brothers and Sisters:

Name(s):

Age(s):

_____ _____ _____ _____ _____ _____ _____

Other agencies involved in: (ex. Boys & Girls Club, Kids Hope):

What activities in school are you involved in or would like to be involved in?

What activities and/or sports do you not like to do?

Why would you like to have a Big Friend?

Please describe yourself.

Please describe your parent/guardian(s):

Please describe your brother(s) and/or sister(s):

Who are your best friends?

What are your favorite TV shows?

Who are your hero(s)?

Who do you want to be when you grow up?

Who told you about Big Friend Little Friend?

What do you hope to learn from the program and/or a mentor?

List your favorite things to do:

1. _____

2. _____

3. _____

4. _____

Please share more about yourself:

Please circle the answer that best describes how you feel

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. On the whole, I like myself.	SA	A	N	D	SD
2. At times, I think I don't do anything right.	SA	A	N	D	SD
3. I feel that I have a number of good qualities.	SA	A	N	D	SD
4. I am able to do things as well as most other kids.	SA	A	N	D	SD
5. I feel that I don't have much to be proud of.	SA	A	N	D	SD
6. I feel useless at times.	SA	A	N	D	SD
7. I feel that I am worth something to the world.	SA	A	N	D	SD
8. I wish I could have more respect for myself.	SA	A	N	D	SD
9. When I make a mistake, I feel ashamed.	SA	A	N	D	SD
10. I take a positive attitude toward myself.	SA	A	N	D	SD

Do you have any additional comments that might help us find you the "right" Big Friend?

Signature of Little Friend

Date



Big Friend Little Friend, Inc

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Yankton, SD 57078
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Release Form

I, the undersigned, do hereby grant permission for Big Friend Little Friend, Inc to use, the image of _____ . Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me or my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Big Friend Little Friend, Inc website.

Unrestricted usage: I give unrestrictive permission for my or my child's image to be used in print, video, and digital media. I agree that these images may be used by Big Friend Little Friend, Inc for a variety of purposes and that those images may be used without further notifying me. I do understand that my or my child's last name will not be used in conjunction with any video or digital images.

Signature _____ Date _____



GRANT QUESTIONS:

The information from the following questions will be used to apply for grants. Grants help fund our program.

Answering the following questions is optional and is not a requirement of the program.

This information is about the Little Friend and immediate family and is confidential.

Does the child live with a single parent? _____ mother _____ father

Does the child live with a legal guardian? _____ relation _____

Does the child have a parent or legal guardian in the prison system? Y N

Does your family qualify for EBT? Y N

Free or reduced lunches? Y N

Is there a parent or legal guardian disabled, or on disability? Y N

Please circle your ethnicity: African American Asian Caucasian Hispanic

Multi-racial Native American Other: _____

PARENTAL APPLICATION

Parental approval and support of the program and matches is essential for the success of the program. Please contact the Big Friend Little Friend office with any address, phone number changes. By answering the following questions you help us in finding the right Big Friend for your child.

Please describe your child's personality:

Please describe your child's physical appearance:

Does your child have any medical/physical conditions we should be aware of?

What do you want your child to gain from the Big Friend Little Friend program?

Please share any additional information about your child that may help us match them

Where did you hear about our program? Newspaper Radio Ad Flyer Website United Way Friend

Other: _____

How long have you lived in the Yankton community? _____

PARENTAL PERMISSION FORM

For _____

Childs name

Relationship to child: ___son ___daughter ___grandchild ___fosterchild ___other

I, _____, do hereby give my consent to Big Friend Little Friend, its board of directors, its program director, a Big Friend volunteer, or any agency tied directly or indirectly to Big Friend Little Friend, Inc. (agencies incurred for services) the unqualified right and permission for the child named above to:

1. Attend and participate in activities with a Big Friend volunteer.
2. Attend and participate in scheduled group activities provided by Big Friend Little Friend, Inc
3. At their discretion, obtain MEDICAL/HOSPITAL CARE, at the parent/guardians expense, in the event that I, the parent/guardian, cannot be contacted during any type of medical emergency.
4. Participate in public relations features (newspapers, radio, video), after I have been notified of the nature of the publicity.

I do hereby release Big Friend Little Friend, Inc., its successors, agents, volunteers, and assigns from any responsibility for injury, illnesses, or accidents that may occur to participants.

I exonerate them completely from any damages that the participant may cause to any person(s) or property while in their charge.

I have read the forgoing, which I understand to be an AUTHORIZATION and also a RELEASE. I understand it fully and incur all responsibility as the parent/guardian.

Parent/guardian signature & date
