



Big Friend Little Friend of the Mitchell Area
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LITTLE FRIEND APPLICATION

Name _____ Birthdate _____

Street _____ City _____ Zip _____

Gender M F Age _____ School _____ Religion _____

Home phone _____ Child cell _____ Cell provider _____

FAMILY INFORMATION:

Mother's name _____ Employer/Occupation _____

Work phone _____ Email _____

Cell phone _____ Cell provider _____

Father's name _____ Employer/Occupation _____

Work phone _____ Email _____

Cell phone _____ Cell provider _____

Guardian (if child is not living w/ parents) _____

Relationship to child _____

Brothers and Sisters

Name(s)

Age(s)

I feel my child could benefit from having a Big Friend in the following ways:

GRANT INFORMATION

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 his/her immediate family and will be 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:

Free or reduced lunches? Y N

Housing assistance? Y N

EBT? Y N

Household Annual Income (total income of the adults the child lives with)

____0-\$10,000 ____\$10,001-\$15,000 ____\$15,001-\$20,000 ____\$20,001-\$30,000 ____\$30,001-\$50,000
____\$50,000+

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

If yes, please explain_____

Please circle your ethnicity: African American Asian Caucasian Hispanic Multi-racial Native American
Other:_____

CONFIDENTIALITY POLICY

It is the policy of Big Friend Little Friend of the Mitchell Area (BFLFMA) to protect the confidentiality of its Bigs, Littles and their families. The BFLFMA staff will only share information about Bigs, Littles and their families with BFLFMA board of directors, student interns, or work-study students. In addition, Mentors are required to keep information regarding their Little and his/her family confidential. All files are considered the property of BFLFMA and are not available for review by parents/guardians, Littles, young moms or volunteers.

LIMITS OF CONFIDENTIALITY

1. Information will be released to other individuals or organizations only with a signed release form from the mentor, parent/guardian or young mom.
2. Information shall only be provided to law enforcement officials or the court upon delivery of a valid subpoena.
3. State law mandates that suspected child abuse or neglect be reported to the Department of Social Services. Mentors and/or BFLFMA staff will report any suspected abuse or neglect of a minor.

I have read and understand the Big Friend Little Friend of the Mitchell Area confidentiality policy.

Signature

Date

PARENT PERMISSION

I, _____, do hereby give my consent to Big Friend Little Friend, its Board of Directors, its staff, a Big Friend volunteer, or any agency affiliated directly or indirectly to Big Friend Little Friend of the Mitchell Area the right and permission for my child 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 of the Mitchell Area
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.

I hereby grant to Big Friend Little Friend of the Mitchell Area the right to use images and names as they may desire, in all media and in all forms including but not limited to, publications, any televised photography and recordings, online and Social Media sites.

When determining whether a child will be considered for a match the following information will be shared with a volunteer: child's first name, age, race, religious preference, description of the child's family and home environment, summary of child's interests, and evaluation of child's needs.

I understand and agree that Big Friend Little Friend of the Mitchell area is not obligated to match my child with a volunteer. I further understand and agree that Big Friend Little Friend makes no guarantee or other commitment as to impact (emotional, psychological, spiritual, academic or physical) a volunteer may have on my child.

I hereby agree to hold free of liability the Big Friend Little Friend staff, volunteers, and all agents and representatives, thereof, in the event of any results or developments occurring as part of their efforts on my behalf.

I do hereby release Big Friend Little Friend of the Mitchell Area, its successors, agents, volunteers, and assigns from any responsibility for injury, illness, 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.

Signature _____ Date _____

LITTLE ACTIVITIES and INTERESTS

Child's Name _____

Place an X next to the things you would like to do with a Big Friend. Circle your top 5 activities.

___ Spectator Sports: DWU Sports, MHS Sports,
Hockey, Soccer, Amateur Baseball

- ___ Football
- ___ Baseball
- ___ Softball
- ___ Basketball
- ___ Track
- ___ Soccer
- ___ Wrestling
- ___ Tennis
- ___ Volleyball
- ___ Golf/Mini-golf
- ___ Ping Pong
- ___ Roller-skating
- ___ Roller-blading
- ___ Bowling
- ___ Swimming
- ___ Auto Racing
- ___ Archery
- ___ Frisbee/Frisbee golf
- ___ Martial Arts
- ___ Snow Skiing
- ___ Cross Country Skiing
- ___ Ice Skating
- ___ Ice Fishing
- ___ Snow Tubing
- ___ Snow Board
- ___ Hockey
- ___ Bike Riding
- ___ Walking/Running
- ___ Hiking
- ___ Camping
- ___ Fishing
- ___ Hunting
- ___ Picnics
- ___ Boating
- ___ Canoeing
- ___ Water Sports

- ___ Horseback Riding
- ___ Animal Care
- ___ Gardening
- ___ Go-Carts
- ___ Woodworking
- ___ Arts & Crafts
- ___ Auto Repair
- ___ Photography
- ___ Sewing/Needle work
- ___ Computers/Electronics
- ___ Music
- ___ Movies
- ___ Museums
- ___ Plays
- ___ Concerts
- ___ Dancing
- ___ Collecting Items: What: _____
- ___ Reading
- ___ Library
- ___ Board Games
- ___ Video Games
- ___ Musical Instruments: Which One: _____
- ___ Cooking
- ___ Baking
- ___ Astronomy
- ___ Shopping
- ___ Skate Boarding
- ___ 4-Wheeling
- ___ Geocaching

Others not listed:

