



PARENT/YOUTH PRE-INTERVIEW QUESTIONNAIRE

Parent/Guardian's Name:		Child's Name:		
Home Address:	City:	County:	State:	Zip:
Parent's Place of Employment	Is Parent Receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone: Cell Phone:	Work Phone:	Email:		
Best time to call:	Youth's DOB:	Youth's Gender	Youth's Ethnicity:	

1. What is the primary reason for you wanting your child to have a Big Brother/Big Sister?
2. What is your living situation?
 Two parent household
 One Parent: Female Male
 Other relative of child (non-parent)
 Foster Home
 Group Home
 Other: _____
3. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister? Yes No
 If yes, please describe: _____
4. Is there a person who shares custody of this child? Yes No
 If yes, are they aware of the child's enrollment in BBBS? Yes No
5. Do you anticipate any significant life changes over the next year or have you had any in the past year? Yes No

If yes, please explain: _____

Activity Release

I _____ parent/guardian of _____
Parent/Guardian Child's Name

do hereby grant my permission for _____ to participate in
Child's Name

Big Brothers Big Sisters activities. I understand that the BBBS agency is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional personal information. I waive any right to recourse against the Muscatine Community Y and/or the Big Brothers Big Sisters volunteers. I understand the normal risk for injury through participation in such activities and accept responsibility for allowing my child to participate. 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 Big Brothers Big Sisters staff.

Signature of the Parent/Guardian: _____

Date: _____

Publicity Release

I hereby,

DO

DO NOT

give my permission for Big Brothers Big Sisters of Muscatine County to photograph my child for use at the Muscatine Community Y, in the newspapers, or other media for the purposes of publicity or advertisements.

Name of Child: _____

Signature of Parent/Guardian: _____

Date: _____

Please return this form to: Big Brothers Big Sisters of Muscatine County
1823 Logan St.
Muscatine, IA 52761
(563) 263-9996

Authorization for Release of Information

In order to assist in the gathering of background data on _____,
Child's Name

who is participating in the Big Brothers Big Sisters program, I hereby grant my permission to the Big Brothers Big Sisters of Muscatine County to seek or share any necessary information on the aforementioned individual from any designated agency.

I understand that released information will be dealt with in a completely confidential manner.

Signature of Parent/Guardian: _____

Address: _____

Date: _____ Telephone Number: _____

School: _____ Teacher _____

Social Service Agency: _____

Social Worker/Counselor: _____

Other Designated Agencies: _____

This permission stops: _____

A COPY OF THIS RELEASE SHALL BE AS VALID AS THE ORIGINAL.