



BIG BROTHERS BIG SISTERS OF SAGINAW BAY AREA

1910 Fordney, Saginaw MI 48601 PH: 755-6558

1308 Columbus Ste., 106 Bay City, MI 48708 PH: 894-0614

LITTLE BROTHER LITTLE SISTER APPLICATION

Child's Name:		Child's Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Child's DOB:	Date Referred:
Parent / Guardian's Name:		Child's Race:		Referral Source & Phone:	
Home address:		Email:			
City:	State:	Zip:	City of Saginaw Resident: Y or N		County:
Home Phone:		Cell Phone:		Work Phone:	
Parent / Guardian Place of Employment:			Monthly Income & Source		
School:	Grade:	School Year	Is Parent Receiving Income Assistance Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alternate Contact Person:	H Phone:	C Phone:	Relationship:		
Child living with: Father___ Mother___ Relative___ Describe _____ Foster Home___ Parent Marital Status: Widowed_____ Separated _____ Divorced_____ Single_____ Married_____					
If divorced, who has legal and physical custody _____ Absent Parent's Name _____ Phone Number _____ Address _____ City _____ State _____ Zip _____					
List names, ages and relationship to child of others in household:					

- **We have a special program for children of incarcerated parents. Would this program apply to your child?**
 ___ Yes ___ No **If you answered yes complete the next section if no, skip to question 1. The following information is used for placement into this program.**

Church Child Attends:	Religion:
Church Address:	Pastor's Name:

1. Why do you want a Big Brother/Big Sister for your child?

I give my permission for Big Brothers Big Sisters of Saginaw Bay Area and Big Brothers Big Sisters of America and their funders to use any photos, audio tapes, video images or other images/recordings for promotional and or other purposes.

Parent/Guardian Signature: _____ Date: _____

This section is completed by the Big Brothers Big Sisters Case Manager
Assignment

Match Date:	Match Date:	Match Date:
Name:	Name:	Name:
Closed:	Closed:	Closed