



**Big Brothers Big Sisters of Livingston County  
Parent/Youth Pre-Interview Questionnaire**

Parent/Guardian 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: \_\_\_\_\_

I give my permission for my child, \_\_\_\_\_, to participate in the Big Brothers Big Sisters program. 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. If my child is matched with a Big Brother or Big Sister I agree to support my child's match and to immediately report and concerns I might have to the Big Brothers Big Sisters staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_