



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Big Hearts Little Hands Little Application

Date of Application: _____

Child Information

Child's Name: _____

Gender: Male Female Age: _____ Date of birth: _____

Ethnicity (optional): African American White Asian Hispanic Pacific Islander

Native American Multi-racial Other: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Information/

Parent/Guardian

name(s): _____

Name of Person completing form if not parent: _____

Address (if different from child): _____

Home #: _____ Work #: _____

Cell#: _____

Email: _____

Best way to be contacted: _____ Best times to be contacted: _____

Family Information

Child Lives With: Married parents Unmarried parents Single parent
 Widowed parents Divorced parents Step-parent Foster family
 Family member Other _____

Custody (if parents are separated): Mother Father Joint

How many children are in the family? _____

What is the birth order of the child applicant? (1st, 2nd, 3rd, etc.): _____



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Please list below all the persons living in the child's household (including yourself if applicable):

Name	Relationship to child	Age	Phone #

Does the child have regular contact with other relatives? If yes, please list names:

Referral Information

How did you hear about the BHLH program?

Were you referred to BHLH by an agency or organization? Yes No

Is the child under the supervision of any of the following agencies?

- | | |
|--|--|
| <input type="checkbox"/> Alice Paul House | <input type="checkbox"/> ICAAP |
| <input type="checkbox"/> The CARE Center of Indiana County | <input type="checkbox"/> Mental Health Association |
| <input type="checkbox"/> Guidance Center | <input type="checkbox"/> Child and Youth Services |
| <input type="checkbox"/> Public Welfare | <input type="checkbox"/> JusticeWorks Youthcare, Inc |
| <input type="checkbox"/> Other: | |

Referral reasons (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Positive role model | <input type="checkbox"/> Emotional support |
| <input type="checkbox"/> Try new activities | <input type="checkbox"/> History of abuse |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Domestic violence |





- School behavior
- Missing school
- Friendship building
- Peer conflict/bullying
- Family conflict
- Hyperactivity/ADHD
- Anxiety/depression
- Self-esteem
- Grief/loss
- Trouble in school/trouble with the law
- Other: _____

Please describe why you would like your child to join the BHLH program. Please be specific and list any specific challenges/problems/needs.

Personality & Self Concept

1. How does the child get along with others? Please explain:

- 2. Does the child make friends easily with adults? Yes No
- 3. Does the child make friends easily with other children? Yes No
- 4. Does the child prefer individual or group activities? Both?

5. Does the child enjoy new things and going to new places? Explain:

6. What are the child's interests/hobbies?



School Information

School District: _____ Name of child's school: _____

Grade: _____ Teacher: _____

What is the child's attitude toward school?

What are the average grades the child receives?

What is the child's favorite thing about school? What subjects does he/she like and dislike?

Does the child participate in sports/clubs/groups/extra-curricular activities? Please list:

Goal Plan

What do you think the child would say they want from BHLH? What would he/she see as a goal?



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What are you looking for in a mentor? Please describe the ideal mentor for your child (be specific):

Regular participation in activities is **required**; with a minimum commitment of 1 hour/week.

What are the days/times the child is generally available to participate in BHLH activities or to meet with a mentor?

Days:

Times:

The BHLH Program provides all services and employment, referrals, and admissions without regards to race, color, religious creed, lifestyle, handicap, ancestry, national origin, age or sex.

Emergency Contact/Medical Information

Contact name:

Relationship to child: _____

Address (if different from above):

Home #: _____ Work #: _____

Cell#: _____

Child's physician: _____ Ph #: _____



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Does your child have any physical limitations, Axis diagnosis, disabilities, allergies, seizures, illnesses etc.? Please explain:

Will any medications need to be administered by the Mentor? If yes, what would the Mentor be required to do?



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To be signed by the Parent/Guardian:

I acknowledge and stipulate that the YMCA of Indiana County is not obligated to assign, or actively seek to assign a volunteer to any child. I further understand and stipulate that the YMCA of Indiana County makes no warrantee, guarantee or other commitment either stated or implied as to the impact of a match upon any of the parties involved whether emotional, psychological, spiritual, or physical, other than the normal guarantee of an individual that best judgment and concern will be applied in dealing with human personality.

In recognition thereof, I hereby agree to hold free of liability the YMCA of Indiana County and all agents and representatives thereof, in the events of any unfortunate results or development occurring as a part of their efforts on my behalf.

Signature:

Printed name:

Date: _____

BHLH Staff Signature:



Interests Inventory

Please complete the following information so that we can have a better understanding of your likes and dislikes. This will assist us in matching Littles with Mentors who have common interests.

Please place the letter “Y” for yes, beside the activities you have done before and enjoyed.

Place an “X” next to any activity that you would like to try.

Indoor Activities

- ___ Board/Card Games
- ___ Card Collecting
- ___ Stamp Collecting
- ___ Coin Collecting
- ___ Cooking
- ___ Dancing
- ___ Listening to Music
- ___ Model Building
- ___ Movies
- ___ Musical Instruments
- ___ Singing
- ___ Watching Television

Outdoor Activities

- ___ Bicycling
- ___ Boating
- ___ Camping
- ___ Fishing
- ___ Gardening
- ___ Hiking
- ___ Horseback Riding
- ___ Hunting
- ___ Sledding
- ___ Walking

School-Related

- ___ Art
- ___ Geography
- ___ History
- ___ English
- ___ Gym
- ___ Mathematics
- ___ Spelling
- ___ Reading
- ___ Music

Sports

- ___ Archery
- ___ Baseball
- ___ Basketball
- ___ Bowling
- ___ Football
- ___ Golf
- ___ Hockey
- ___ Ice Skating
- ___ Ping Pong
- ___ Pool
- ___ Roller Blading/Skating
- ___ Skiing
- ___ Soccer
- ___ Tennis
- ___ Track
- ___ Volleyball

Other

- ___ Animals/Pets
- ___ Arts & crafts
- ___ Auto Mechanics
- ___ Carpentry
- ___ Computer
- ___ Photography
- ___ Sewing
- ___ Shopping
- ___ Travel