



# CHILD APPLICATION

All the information you provide will be kept confidential and will be used by this agency only as set forth in our Confidentiality Policy. **Please answer all questions** to the best of your ability so we can best serve your family's needs.

**IF THIS APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED.**

Please use a pen – all signatures **MUST** be in ink.

Child's Full Name: \_\_\_\_\_ Gender:   M  F  
*FIRST MIDDLE LAST*

DOB:   /  /   Age:    Student ID# \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Portal Log-in Info: \_\_\_\_\_ (child will not be accepted without this information)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_  
(Other than yourself) Name Relationship to child

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

What subject does your child need extra help with in school? \_\_\_\_\_

Please state why you feel your child needs a mentor: \_\_\_\_\_

Check the ethnicity that best applies to your child. Add any specifics regarding ethnicity you wish to share with us:  
Example: Hispanic: Puerto Rican

- White  Black  Multi-racial  Asian  Hispanic  Other: \_\_\_\_\_

### Information about the Family :

Custodial Adult: \_\_\_\_\_ Age: \_\_\_\_\_

Family's Religious Preference: \_\_\_\_\_ Place of Worship \_\_\_\_\_

Describe your household:  Single-parent  Two-parent  Foster home  Other

Marital Status:

Single    Married    Separated    Divorced    Widowed    Living with someone   

What is your relationship to the child?

Mother    Father    Grandparent    Foster Parent    Other \_\_\_\_\_

Are there any other children participating in Big Brothers Big Sisters? \_\_\_\_ Yes \_\_\_\_ No

If yes, give names and how long he/she has been matched / waiting.

Name \_\_\_\_\_ Date matched / entered program \_\_\_\_/\_\_\_\_/\_\_\_\_

List all members of your household: (include siblings and others living with you and your child)

Name	Relationship To Child	Age	Occupation/School
1.			
2.			
3.			
4.			
5.			

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Annual Household Income: (For Statistical Purposes)

- Unknown
- Less than \$10,000
- \$10,000 to 14,999
- \$15,000-\$19,999
- \$20,000 -\$24,999
- \$25,000 to \$29,999
- \$30,000 to 34,999
- \$35,000-\$39,999
- \$40,000-\$44,999
- \$45,000 & Above

Does your child receive Free or Reduced Lunch? \_\_\_\_\_

**Information about child's other parent:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Where is he/she currently living? \_\_\_\_\_

If incarcerated are they in jail or prison? \_\_\_\_\_

Does he/she have contact with the child? \_\_\_\_ Yes \_\_\_\_ No If yes, how often? \_\_\_\_\_

When did the child last see his/her other parent? \_\_\_\_\_

Does the other parent have legal visiting rights? \_\_\_\_ Yes \_\_\_\_ No

Have you or your child received (or are currently receiving) any professional help from other agencies, schools, psychiatrists, psychologists, social workers, etc.? If yes, please indicate: name, address, phone number, and dates involved. Also, fill out the consent to release information form that follows.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



Child's Name: \_\_\_\_\_

**Volunteer Characteristics:** Place a check next to any of the following if you have any preferences regarding the volunteer who may be matched with your child as a Big Brother or Big Sister:

Race/ethnicity \_\_\_\_\_ Sexual orientation \_\_\_\_\_  
Religion/faith \_\_\_\_\_ Marital status \_\_\_\_\_

Any other preference in the characteristics of the volunteer \_\_\_\_\_

*Note: BBBS does not discriminate on the basis of the above factors and volunteers with various characteristics may be accepted, but you may have a preference about the volunteer who may be matched with your child and we will follow your preferences to the best of our knowledge.*

**Consent for Services**

- *I hereby request Big Brothers Big Sisters of Northwest Florida, a non-profit corporation, to make available the services of BIG BROTHERS BIG SISTERS to my child, and, if possible, assign him/her to a screened volunteer.*
- *I give consent for myself and my child to participate in all assessment and evaluation services, to cooperate and assist in all planned activities and to receive all services for my child deemed necessary by Big Brothers Big Sisters of Northwest Florida.*
- *I consent to my child completing a questionnaire containing questions about school, home life, and personal interests.*
- *I consent for my child to participate in agency-sponsored activities while he/she is on the Ready To Be Matched list or matched with a Big Brother or Big Sister.*
- *I further consent that the agency staff or a fully screened volunteer may provide transportation for my child to and from any agency-sponsored activity, match activity or match outing.*
- *I also consent to my child's participation in any program funded by the Department of Juvenile Justice.*
- *I hereby knowingly release and hold harmless Big Brothers Big Sister of Northwest Florida and their nominees, assignees and designees from liability for any damages incurred due to any injuries sustained by my child or myself as a result of my child's participation in any agency sponsored activity or in being transported thereto.*
- *This consent will expire upon the written request of the parent/guardian.*

**I have read and understand the contents of the Consent for Services.**

Signed: X \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_