



**BIG BROTHERS BIG SISTERS OF BROWARD, INC.**

4101 Ravenswood Road, Suite 202 - Fort Lauderdale, FL 33312

Tel: (954) 584-9990 FAX (954) 584-9868

Please attach a recent photo of your child here

Confidential Application for Service  
**CHILD'S INFORMATION**  
(Parent/Guardian must complete one form per child)

**\*\*PLEASE PRINT\*\***

Last Name	First Name	M.I.	Date of Birth	Pronoun:	Gender:
Address	City	Zip	Student ID Number:	Social Security #:	
Child's Ethnicity. Add any specifics regarding ethnicity that you wish to tell us: e.g. Hispanic "Puerto Rican"					
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic _____ <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Haitian <input type="checkbox"/> Jamaican <input type="checkbox"/> Multi Racial _____ <input type="checkbox"/> Unknown/Other _____					

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_ Lunch: Free/Reduced: \_\_\_\_\_

Is your child in an exceptional student program at school?  Yes  No If yes, please explain?

Does your child require special attention?  Yes  No If yes, please explain:

Please check all that apply with regards to your child:

- Routinely has temper tantrums       Needs assistance at meal times       Allergies to food or plants
- Difficulty separating from parents       Needs assistance with personal care       Aggressive towards others
- Hyperactivity or poor impulse control       Uses a wheelchair       Has seizures

Does your child take medication on a regular basis?  Yes  No If yes, at what times?

Is your child allergic to anything?  Yes  No If yes, what? \_\_\_\_\_

Why would you like for your child to have a Big Brother/Big Sister mentor?

What areas (academics, behavior, social skills etc.) would you like a mentor to help your child?

Please describe how you feel your child gets along with other children his/her age:

Are there any other needs and/or services that you are currently seeking for your child/family?  Yes  No  
If yes, what are they and would you want BBBS to assist with referrals for additional services?

Are you willing to communicate with a BBBS case manager at least once a month via phone calls and email while your child is in our program:  Yes  No

Do you anticipate any changes in the coming year? (i.e., moving, marriage, etc.)       Yes       No

If yes, please explain: \_\_\_\_\_



**Confidential**  
**Application for Services**  
**Parent / Legal Guardian Information**

**Your relationship to child:**  
 Mother  Father  
 Legal Guardian  Grandparent  
 Foster Parent  Other: \_\_\_\_\_

**\*\* PLEASE PRINT \*\***

Last Name		First Name		M.I.	Date of Birth	Pronoun:	Gender:
Home Phone #:	Cell Phone #:	Work Phone #:		Email Address:			
Parent/Legal Guardian's Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Haitian <input type="checkbox"/> Jamaican <input type="checkbox"/> Multi Racial							
Emergency Contact Person:		Phone Number:			Relationship to You:		

Is English your second language?  Yes  No If yes, please let us know your preferred speaking/reading language \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

What hours do you work? \_\_\_\_\_ Best time and Place to call you: \_\_\_\_\_

**Living Situation:**

- Two Parent  One Parent: Female  One Parent: Male  Other Relative  Group Home  Foster Home  Institution  
 Grandparents  Two Parent: Not Married  Two Mothers  Two Fathers  Other (please specify) \_\_\_\_\_

**Annual Household Income: (for statistical purposes only)**

- Below \$5,000  \$5,000-7,499  \$7,500-9,999  \$10,000-14,999  \$15,000-19,999  
 \$20,000-29,999  \$30,000-39,999  \$40,000-49,999  \$50,000 and above

<b>Additional Sources of Income:</b>	
AFDC \$ _____	SSI \$ _____
Child Support \$ _____	
Medicaid eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

**How did you hear of Big Brothers Big Sisters?** \_\_\_\_\_

Does your child have a parent (s) enrolled in the military?  Yes  No If yes, what branch \_\_\_\_\_

Is he/she currently deployed:  Yes  No

Does your child have a parent(s) who is incarcerated or have a history of incarceration?  Yes  No

**INFORMATION CONCERNING OTHER PARENT(S):**

(Please note that if there is an absent parent(s) they will be notified unless there is legal proof of sole custody)

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 (Last) (First) (Middle)

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Does he/she share custody of the child?  Yes  No If Yes, can you show documentation?  Yes  No

Are they are aware of Child's enrollment in BBBS?  Yes  No

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

**OTHER MEMBERS OF THE HOUSEHOLD**

Name	Relationship to Child	Age
1. _____		
2. _____		
3. _____		
4. _____		



**CONSENT FOR SERVICES**

I hereby make formal application to BIG BROTHERS BIG SISTERS OF BROWARD, INC., (“Agency”) a non-profit Florida corporation to make available the services of the Agency to my child, and if possible, assign to him/her a competent screened adult volunteer. I give my consent for myself and my child to participate in all assessment services, to cooperate and assist in all planning activities and to receive all services for my child as deemed necessary by the Agency. I consent for my child to participate in Agency sponsored activities while s/he is on the accepted waiting list or matched with a Big Brother or Big Sister. I further consent to the Agency providing transportation services for my child to and from any Agency sponsored activities. I hereby release Big Brothers Big Sisters of Broward and their nominees, assignees and designees from 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.

I hereby understand that BBBS may disclose information about my child or myself which is contained in this application, or is learned through interviews or otherwise, to only an adult volunteer who is being considered as a Big Brother / Big Sister for my child, and authorize the same. I also understand that while my child is accepted, waiting but not yet matched, Big Brothers Big Sisters’ volunteers are prohibited from calling or meeting privately with my child. If I have knowledge that a volunteer has contacted or attempted to meet with my child, I agree to inform my case manager immediately.

This is to certify that the above information is true and correct. **A copy of this form will serve as an original and is part of my child’s Application for Services.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Request/Release Information**

I hereby authorize Big Brothers Big Sisters of Broward, Inc. to request, obtain copies of, and release information and/or records concerning: academics, psychological evaluations, or diagnostic evaluations, including Individual Education Plans and copies of school Quarterly Report cards.

This authorization shall be effective and continually in force, to the extent permitted by law, from the date of this authorization until revoked by the Parent/Guardian with written notice or a Successor Authorization, provided by BBBS is executed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO THE BIG BROTHERS BIG SISTERS OF BROWAD COUNTY AGENCY WITH ATTENTION TO OUR CUSTOMER RELATIONS STAFF.**

**ALL CONTACT INFORMATION IS LISTED BELOW:**

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