



TOGETHER, WE ARE DEFENDERS OF POTENTIAL

Dear Parent/Legal Guardian

Our mission is to provide strong and enduring, professionally supported one-to-one mentoring relationships that change children's lives for the better, forever. We are excited to be able to mentor your child via e-mentoring. Here is a little bit of information about our e-mentoring program:

- In the Bigs Inspiring Scholastic Success (BISS) program, the Big (mentor) and Little (mentee) will connect with one another on a weekly basis through the Zoom platform for virtual mentoring with their Big. This will allow your child to build and share a friendship within a structured setting facilitated by a Big Brothers Big Sisters case manager, while promoting academic success.
- Each "match" will focus on academic success as well as doing fun, virtual activities with their Big, others Bigs and Littles, and the case manager. Your child will also enjoy our guest speakers that discuss a variety of many topics. The match will also work on building positive communication and social skills during their virtual time together.
- Every volunteer "Big", is interviewed, screened, and assessed for the Big Brothers Big Sisters program prior to being approved to be a mentor. For this program, we will be working with high school students throughout Broward County.
- We will contact parents to give updates on the match relationships, acquire parental insight on each child's needs and help support each child to have a positive experience with their mentor. We are asking for a commitment from each parent in order to keep their child accountable for meeting virtually with their Big on a weekly basis. If an absence is necessary, it is important for the case manager to be notified before the session begins.
- The sessions will be 100% virtual for the 2020-2021 school year. Therefore, it is vital for your child to have access to the internet and the Zoom platform in order to be a part of the Big Brothers Big Sisters program.

We are eager to have to your child on the way to becoming a "Little". We want to get to know them, and learn about the type of volunteer they would like to be matched with. **The first step is to complete the Child's Information Application.** Once we have the application, we will contact you to interview your child via the Zoom platform.

Sincerely,

BISS Case Manager

Email:

Phone Number:



For BBBS office use only:

 SCHOOL/ SITE Location

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

****PLEASE PRINT****

Legal Last Name	Legal First Name	M.I.	Date of Birth:	Gender:
Preferred Name:			Pronouns: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs	
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 mealtimes
- 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 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 ****

Legal Last Name	Legal First Name	M.I.	Date of Birth:	Gender:
Preferred Name:			Pronouns: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs	
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

Additional Sources of Income:
 AFDC \$ _____ SSI \$ _____
 Child Support \$ _____
 Medicaid eligible: Yes No

How did you hear of Big Brothers Big Sisters? _____

Below is very important to have in order for your child to participate in the e-mentoring BISS Program:

- Does your child have access to a computer/laptop/iPad/cell phone when you are not home? Yes No
 Does your child have access to internet service? Yes No
 Does your child have access to Zoom? Yes No
 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
 (If so, we have a program your child would be eligible for called Mentoring Children of Promise)

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 _____ Gender _____
 Current Address: _____
 City _____ State _____ ZIP _____ Phone _____

- Does he/she share custody of the child? Yes No Can you show documentation? Yes No
 Are they 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.**

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: _____

Photo/Social Media Release

I consent for all purposes consistent with the goals for BIG BROTHERS BIG SISTERS OF BROWARD, INC., a Florida corporation ("BBBS") to the sale, reproduction and/or use of photographs of my child by BBBS and by any nominee, designee or assignee to the rights of BBBS in the photographs (including, but not limited to, any agency, client, periodical or other publication to which BBBS may assign its rights in the photographs) in all forms and media and in all manners, including, but not limited to advertising, publicity, trade, display, editorial, art and exhibition.

In giving this consent, I release BBBS, their employees, agents, nominees, designees and assigns from liability for claims for damages arising out of or relating to any personal proprietary rights I may have in connection with the sale, reproduction or use of the photographs.

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:**

**BIG BROTHERS BIG SISTERS OF BROWARD, INC.
4101 Ravenswood Road, Suite 202 - Fort Lauderdale, FL 33312 Tel: (954) 584-9990 FAX (954) 584-9868**