



**Big Brothers Big Sisters
of Mid-Florida**

1155 NW 13th Street, Gainesville FL 32601
Tel: 352.375.2525 • Fax: 352.375.0319
www.bbbsmidflorida.org

Big Brothers Big Sisters (BBBS) is the largest provider of youth mentoring in the country and has brought caring, positive mentors to the lives of Mid-Florida's youth for over 30 years. We are part of a federation of over 500 local agencies across the country that serves tens of thousands of kids in all types of communities and are associated with Big Brothers and Big Sisters of America.

Kids need role models, someone in addition to parents and friends who can share life experiences and help guide them in the right direction. Research has proved that having a Big Brother or Big Sister mentor helps children improve in school, build self-confidence and positive self-esteem, avoid drug use and alcohol abuse, and get along better with others. Big Brothers Big Sisters' professionally trained staff screens all volunteers thoroughly before matching them with a youth, or "Little", and provides consistent agency support to the Big, Little, and Little's parent or guardian. Being a Little means listening to and learning from a Big Brother or Big Sister, but most of all it means having a friend to share new experiences that will last a lifetime.

The mission of our agency is to provide these children with a mentor and friend to help them develop in the areas of self-esteem, academics, and communication. **To be eligible, the child must be between the ages of 6 to 17 and must express interest in being matched with a Big Brother or Big Sister.** We match eligible children with carefully selected adults who are trained in relationship building and communication skills by our professional staff. We offer three different mentoring programs for our youth. Please check off the boxes for the programs your child is interested in:

- BIGS IN SCHOOLS AND SITES (BISS) PROGRAM** – Through BISS, a Big and Little will have regular contact at least one (1) hour a week at the Little's school or after-school program for the course of an academic year. A Big and Little may spend time together reading books, doing schoolwork, enjoying arts and crafts, playing games or sports, or just having fun. Teachers see improved confidence, academics, and attitudes from their students who participate in this program. *This program is funded, in part, by the Department of Education and has a strong academic focus.* **The BISS Program is only at designated schools and after-school programs. Please contact us to see if this program is available at the school your child attends.**

- COMMUNITY BASED MENTORING (CBM) PROGRAM** – Through CBM, a Big and Little will have regular contact at least six (6) hours per month for a minimum of one year, and will participate in activities they both enjoy within the community. Examples of activities include sporting events, walks in the park, visiting museums, helping with homework, visiting the local college campuses, volunteering in the community, and anything else that is fun and provides an opportunity for bonding, encouragement, and cultural enrichment. Many Big and Little Brothers and Sisters have formed such a strong bond that their friendship lasts into adulthood or for a lifetime.

- SPORTS BUDDIES PROGRAM** – The Sports Buddies Program is a new activity-based mentoring program designed to encourage a Big to share their love of sports with their Little. Sports Buddies also provides opportunities for Bigs to help build friendships and model good sportsmanship, and provides the opportunity for Littles to experience and attend sporting events. Sports Buddies Bigs and Littles are required to meet a least twice a month for a minimum of one (1) year.

Note: A current school report card must accompany this application.



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Little's Application

PLEASE PRINT AND FILL OUT COMPLETELY. PLEASE READ AND SIGN ALL PAGES.

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Birth date: ____/____/____ Age: ____ Sex: ____ Religion: _____ **Child's SS#** _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

School: _____ Grade: _____ Teacher: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Child's Race: White Black Hispanic Asian Multi-Racial Other

Living Situation: Single Parent-Female Single Parent-Male Two Parents Other Relative Foster Home Other

Is your child in an ESE Program at school? No Yes If yes are they Full Time Part Time

Does your child attend an after-school program? No Yes If yes, where: _____

PARENT/GUARDIAN (P/G) INFORMATION

Last Name: _____ First Name _____

Relationship to Child _____ Legal Guardian? No Yes SS# _____

Occupation: _____ Employer: _____

Work Phone: _____ Mobile Phone: _____ Other Phone: _____

Email Address _____ Best time to reach you? _____

Current Marital Status: Single Married Divorced Widowed Separated

Annual Household Income:

- Below \$5,000
- \$5,000 - \$7,499
- \$7,500 - \$9,900
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 +

Type of income assistance

- TANF
- SSI
- Child Support
- Medicaid
- Free or Reduced Lunches (Title V)
- Child has Health Insurance



INFORMATION ON PERSONS LIVING AT YOUR ADDRESS

Name	Relationship to Child	DOB	Occupation or School
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

INFORMATION ON ABSENT PARENT(S)

Last Name: _____ First: _____ MI: _____

Date of Birth: _____ If deceased, give date: _____

Current City / State of Residence: _____

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

PRIORITY SERVICE FOR LITTLES

Priority Service will be given to children with a family or household member in prison.
Does the child currently have a family member or household member in prison? No Yes
If yes, please provide the following information:

Last Name: _____ First: _____ MI: _____

Date of Birth: _____ Relationship to Child _____

City/State where incarcerated _____

Name of Prison Facility _____

EMERGENCY CONTACT INFORMATION

Please provide the names and contact information for two emergency contacts.

1. Name: _____
Relationship to Child: _____ Phone Number _____

2. Name: _____
Relationship to Child: _____ Phone Number _____



CLINICAL AND/OR MEDICAL INFORMATION RELEASE

By signing below, you give Big Brothers Big Sisters of Mid-Florida permission to obtain information about your child who may have received professional help from other agencies, psychiatrists, psychologists, physicians, or social workers. Please **PRINT the full name and address of the provider.**

Name of individual or agency providing service: _____

Address: _____ Phone: _____

City: _____ State: _____ Zipcode: _____

Name of individual or agency providing service: _____

Address: _____ Phone: _____

City: _____ State: _____ Zipcode: _____

Parent/Guardian Signature: _____ **Date:** _____

Child's Name: (please print): _____

Relationship to child: Parent Legal Guardian Other (describe): _____

MEDICAL HISTORY

(Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wears eyeglasses | <input type="checkbox"/> Hospitalizations: _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Contagious diseases: _____ |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Physical disabilities | _____ |
| <input type="checkbox"/> Bowel movement trouble | <input type="checkbox"/> Overweight/Obese | _____ |
| <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Broken bones: _____ | _____ |
| | <input type="checkbox"/> Surgeries: _____ | _____ |
| <input type="checkbox"/> Food allergies: _____ | <input type="checkbox"/> Injuries: _____ | _____ |
| | _____ | |

Does your child take any prescription or non-prescription medications? No Yes

Medication	Reason	When taken
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BEHAVIORAL/SOCIAL HISTORY

(Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Sleeps too much | <input type="checkbox"/> Involved in fighting |
| <input type="checkbox"/> Aggressive/angry | <input type="checkbox"/> Difficulty falling asleep | <input type="checkbox"/> Suicidal thoughts or actions |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Feels awkward; doesn't fit in | <input type="checkbox"/> Self-destructive actions |
| <input type="checkbox"/> Few friends | <input type="checkbox"/> Sexually active | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Sexual identity issues | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Depression | <input type="checkbox"/> Developmental delays |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Running away | <input type="checkbox"/> Attention deficit disorder (ADD/ADHD) |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Property destruction | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Poor personal hygiene | <input type="checkbox"/> Eating problems |
| <input type="checkbox"/> Speech disorders, stuttering | <input type="checkbox"/> Has smoked cigarettes | |
| | <input type="checkbox"/> Has used alcohol or drugs | |



SCHOOL RECORDS RELEASE

This release authorizes Big Brothers Big Sisters of Mid-Florida to access my child for match supervision at his/her school or after-school program and to request and/or release information and/or records concerning academics and school behavior, including Individual Education Plans (IEP), Academic Improvement Plans (AIP), student ID numbers, FCAT scores, and report cards. **School report cards must accompany this application.**

Parent/Guardian Signature: _____ **Date:** _____

Child's Name: (please print): _____

Relationship to child: Parent Legal Guardian Other (describe): _____

ACADEMIC HISTORY

- | | |
|---|--|
| <input type="checkbox"/> Difficulties paying attention
<input type="checkbox"/> Concentration difficulties
<input type="checkbox"/> Has been held back a grade in school
<input type="checkbox"/> Lateness
<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Learning disability: _____
<input type="checkbox"/> Frequent detentions or disciplinary actions
<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Difficulty sitting still; fidgety
<input type="checkbox"/> Fails tests frequently | <input type="checkbox"/> Sloppy work
<input type="checkbox"/> Unprepared for class
<input type="checkbox"/> Poor organizational skills
<input type="checkbox"/> Homework issues <ul style="list-style-type: none"> <input type="checkbox"/> Forgets to complete it <input type="checkbox"/> Fails to hand it in <input type="checkbox"/> Does not bring it home <input type="checkbox"/> Poor grades (list subjects):

_____ |
|---|--|

PREFERENCES FOR VOLUNTEERS

Please fill out any of the following preferred characteristics regarding the volunteer who may be matched with your child as a Big Brother or Big Sister:

Gender Preference: Male Female No Preference Age Range: _____

Race/Ethnicity: _____ Religion/Faith: _____

Sexual orientation (ex: heterosexual, homosexual): _____

Marital status of the volunteer (ex: single, married, etc) _____

Pets owned by the volunteer

Any other preferences in the characteristics of the volunteer:

Big Brothers Big Sisters does not discriminate because of the above factors and volunteers with various characteristics may be accepted. However, we want your voice heard and 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. If you have not filled out any information above, we will assume you want us to use our professional assessment to match your child with the most suitable volunteer.



VOLUNTEER SELECTION POLICY AND PERMISSION FOR CHILD TO PARTICIPATE

For 25 years Big Brothers Big Sisters of America has followed a non-discrimination policy that prohibits exclusion of potential volunteers, staff, youth or parents on the basis of race, color, religion, national origin, gender, marital status, sexual orientation, veteran status or disability. Big Brothers Big Sisters of Mid-Florida adheres to this policy as an affiliate in good standing. Our focus is the welfare of the children we serve and our mission is to provide safe and effective Big Brothers and Big Sisters to every child who wants or needs one. We pay close attention to parental/guardian preferences for the type of volunteer they deem as suitable for their child. Parents approve each proposed match. In determining whether an applicant may be considered for a match, due consideration is given to those past and present factors in the health, personality, and behavior of each individual applicant and/or family constellations which may have a significant affect upon the match relationship. Any party has the right to refuse to enter into the match based upon the information communicated to either party of the match.

My signature authorizes my child to be enrolled to receive services from Big Brothers Big Sisters of Mid-Florida from the date of this application unless and until I revoke it. Included in my commitment as a parent/guardian in this program, I agree to participate in the bi-yearly evaluations conducted by Big Brothers Big Sisters of Mid-Florida.

I understand that Big Brothers Big Sisters of Mid-Florida may disclose information about my child or myself which is contained in this application or is learned through interview or otherwise only to a volunteer who is being considered as a Big Brother/Big Sister for my child. This information is given without identifying information and includes my child’s age, race, gender, sexual orientation, religion, interests and hobbies, family and living situation, summary of needs, expectations for match participation and anticipated problems the volunteer may encounter.

Parent/Guardian Signature: _____ **Date:** _____

Child’s Name: (please print): _____

PERSONAL AND/OR PHOTO RELEASE

This release allows Big Brothers Big Sisters of Mid-Florida to use my child’s photo or story for publication (advertising and publicity) to promote their programs. The small print is the official language releasing the agency from liability or claims for damages.

I consent for all purposes consistent with the goals for Big Brothers Big Sisters of Mid-Florida, a Florida corporation (BBBS), to the sale, reproduction and/or for all purposes the release of my name, likeness, my child’s name, likeness and/or information and materials supplied by me or my child for the purpose of advertising, publicity, and promotion consistent with the goals for BBBS of Mid-Florida, by any agency, client, periodical, or other publication to which BBBS may assign its rights, in all forms and media and in all manners, including, but not limited to advertising, publicity, trade, display, editorial, art and exhibition. In giving 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 all photographs and said materials. Big Brothers Big Sisters of Mid-Florida’s use of my appearance of said materials described above will not violate the rights of any person or organization and will not incur any liability for payment to any person or organization.

- If this box is checked it means I DO NOT want my child’s **photo** used for publication.
- If this box is checked it means I DO NOT want my child’s **first name** used for publication (last names will not be used).
- If this box is checked it means I DO NOT want my child’s **story** used for publication.

Parent/Guardian Signature: _____ **Date:** _____

Child’s Name: (please print): _____



ACCESS TO CONFIDENTIAL RECORDS AND LIMITS OF CONFIDENTIALITY

Big Brothers Big Sisters of Mid-Florida respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

- For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, Big Brothers Big Sisters of America and other funding sources may have access to client and volunteer records. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policies will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
- Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors.
- Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
- Information shall be provided to an agency’s legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
- State law mandates that suspected child abuse be reported to the appropriate authorities (Department of Children and Families). All workers are responsible for staying abreast of such reporting requirements of their respected jurisdiction and shall always comply with mandated procedures.
- If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.
- At the time a child or volunteer is considered as a match candidate, information may be shared between the prospective match parties. The information about the volunteer may include such items as: age, sex, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as age, sex, race, religion, interests, hobbies, family situation, etc.

Parent/Guardian Signature: _____

Date: _____

Child’s Name: (please print): _____



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