

**ALL FORMS IN THIS PACKET
MUST BE COMPLETED,
SIGNED AND
RETURNED BY MAIL TO:**

Client Application for Community Based

**Big Brothers Big Sisters NEO
8 North State Street
Suite 360
Painesville, Ohio 44077**

**www.bbbsneo.org
(440) 352-2526**

Application Returned: _____ Entered in AIM: _____



BIG BROTHERS BIG SISTERS OF NORTHEAST OHIO

8 North State St. Suite 360 Painesville, OH 44077

ASHTABULA, LAKE AND GEAUGA COUNTIES

(440) 352-2526 or (800) 222-2440

Match Program Client Application—Confidential

Child's Name: _____

(Last) (First) (Middle)

Birthdate: ____/____/____ Age _____ Gender: Male _____ Female _____

Ethnicity _____ Social Security Number _____

School _____ Grade _____ Free Lunch Program: Yes _____ No _____

How did you hear about this program? _____

Information about Custodial Parent/Guardian: Relationship to Child: _____

Name: _____ Birthdate: ____/____/____ Age: _____

Parent/Guardian Name: (First-Middle-Last)

(Street Address) (City) (Zip Code) (County)

(Home Phone) (Cell Phone) (Email Address)

Household Income: Less than \$10,000/ \$10,000-\$19,999/ \$20,000-\$24,999/ \$25,000-over

(Employer) (Address) (Phone)

Occupation _____ Hours at work: _____ Phone Calls: Yes or No

Marital History: Are you currently married? Yes _____ No _____

If Yes, please provide information about this parent. Biological _____ Step _____

Name _____ Birthdate: ____/____/____ Phone if different: _____

(Employer) (Address) (Phone) (Occupation)

Occupation _____ Hours at work: _____ Phone Calls: : Yes or No

Biological Parent: Please provide information about Biological Parent; if different from above.

Is absent parent incarcerated? Yes _____ No _____

Name: _____ Married From _____ to _____ Divorce ____ Death ____

Current address: _____

Match Program Client Application—Continued

When did child last see parent? _____

Is this relationship with child: Positive Negative Indifferent

Additional Comments:

LIST EVERYONE WHO LIVES IN YOUR HOUSE

NAME	RELATIONSHIP TO CHILD	AGE
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Release of Information:

The information given above is correct and accurate to the best of my knowledge and I understand that this application constitutes a request to Big Brothers Big Sisters of Northeast Ohio, Inc. to involve my child in their program. I further understand that Big Brothers Big Sisters of Northeast Ohio, Inc. may or may not accept my child, based upon pre-established criteria. I realize that Big Brothers Big Sisters of Northeast Ohio, Inc. is not obligated to assign, or actively seek to assign a Big Brother Big Sister for my child. I understand that I will have the opportunity of learning about a potential volunteer before a match is made, and that I will have the option to accept the candidate selected by the Big Brothers Big Sisters staff.

I release Big Brothers Big Sisters of Northeast Ohio, Inc its staff, Board of Trustees, and volunteers from any responsibilities or liability resulting from the match of my child. Furthermore I release Big Brothers Big Sisters of Northeast Ohio, Inc. its staff, Board of Trustees, and volunteers from any liability due to my child(rens) participation in group activities sponsored by Big Brothers Big Sisters of Northeast Ohio, Inc

I give permission for my child’s picture to be taken and displayed in the agency office after he/she is matched.

Signature of Parent/Guardian

Date



BIG BROTHERS BIG SISTERS
of Northeast Ohio, Inc.

8 North State Street Suite #360
Painesville, OH 44077
(440) 352-2526

SCHOOL AUTHORIZATION TO RELEASE INFORMATION

(NAME OF CHILD) (BIRTHDATE)

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

I, _____
(NAME OF PARENT/GUARDIAN)

do hereby authorize _____
(SCHOOL AND GRADE)

to give Big Brothers Big Sisters of Northeast Ohio, Inc., information concerning my child's background. Big Brothers Big Sisters of Northeast Ohio, Inc. agrees to treat this information as confidential for its use in their organization, to be shared only with the other match partner.

I hereby release the above school of any liability and obligation in respect to laws governing confidential information. I understand that this authorization is valid for the duration of my child's match or as long as Big Brothers Big Sisters of Northeast Ohio, Inc. is providing services to my child. This authorization may be revoked at any time, but must be done so in writing. If I revoke this authorization, I understand that all information will cease to be released.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

