



CONFIDENTIAL APPLICATION SCHOOL/SITE BASED
PROGRAM PARTICIPATION

CHILD INFORMATION

Name _____ Social Security # _____ / _____ / _____

Birthday ____ / ____ / ____ Age ____ Sex _____ School _____

Grade _____ Teacher _____ Academic Year _____

Child's Ethnicity (check):

White Black Asian Pacific Islander Native American Multi Race

Other _____

**Add any specifics regarding ethnicity that you wish to tell us: ie. Hispanic- "Puerto Rican" or Black "Haitian"*

Primary Language (check): English Other _____ Religious Preference _____

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian Name _____

Relationship to child _____ Birthday ____ / ____ / ____ Age ____ Sex _____

Address _____ City _____ Zip _____

Home Phone # _____ E-mail _____

Occupation _____ Employer _____

Can you be called at work(check)? YES NO Work phone # _____

Preferred method for BBBSCFL to contact you (circle) Home Phone Work Phone E-mail

Marital Status(check): Single Married Widowed Separated Divorced Living with someone

Country of Origin _____ Citizenship (check): USA Other _____

Primary Language (check): English Other _____

Parent/Guardian's Ethnicity (check):

White Black Asian Pacific Islander Native American Multi Race Other _____



Big Brothers Big Sisters
of Central Florida

Bigs in Schools & Sites

Parent / Guardian Referral Form

Student's Name _____

Date of Birth _____ Circle: Male Female Grade _____

School Name _____

Student's Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian Name _____ Relationship _____

My child needs assistance in the following areas (check all that apply):

- School performance
- Classroom behavior
- Low self confidence
- Other

Comments:

In what specific ways do you think a Big Brother or a Big Sister can help this child?

Volunteer Characteristics: Please indicate if you have a preference regarding the type of volunteer who may be matched with your child as a Big Brother or Big Sister:

Do you have a preference related to:

1. Race/ethnicity of the volunteer Yes No If yes, explain: _____
2. Religion/faith of the volunteer Yes No If yes, explain: _____
3. Sexual orientation of the volunteer Yes No If yes, explain: _____
4. Marital status of the volunteer Yes No If yes, explain: _____
5. Age of volunteer (i.e. High school student vs adult) Yes No If yes, explain: _____
6. Any other preferences in the characteristics of the volunteer; describe: _____

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.

Parent/Guardian Signature _____ Date _____

*****PLEASE RETURN THIS APPLICATION TO YOUR CHILD'S TEACHER OR SCHOOL LIASION*****