



Big Brothers Big Sisters of Santa Cruz County

CHILD/YOUTH APPLICATION

Date: _____ (All information in this application is confidential)

Big Brothers Big Sisters of Santa Cruz County
1500 41st Ave #250
Capitola CA 95010

Phone: 831-464-8691
info@santacruzmentor.org
Fax: 831-464-8693

CONTACT INFORMATION

Child's Name _____ Date of Birth _____ Age _____ Gender _____

Preferred Pronoun _____ Languages Spoken _____ Ethnicity _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

School Name _____ Child's Grade _____

Child's Guardian (circle one): Mother Father Grandparent Foster Parent Other

Guardian's Name (and address if different from above) _____

Guardian's Date of Birth _____ Home Phone _____ Cell Phone _____

Guardian's Email _____

Languages Spoken _____ Ethnicity _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

Present Marital Status (Circle one): Married Single Divorced Widowed

Date of Separation/divorce or death: _____

Child's Guardian (if two parent home): Mother Father Grandparent Foster Parent Other

Guardian's Name (and address if different from above)

Guardian's Date of Birth

Home Phone

Cell Phone

Guardian's Email

Languages Spoken

Ethnicity

Employer

Occupation

Work Address

Work Phone

Present Marital Status (Circle one): Married Single Divorced Widowed

Date of Separation/divorce or death: _____

Name and Address of Absent parent (if applicable): _____

Frequency of Contact: _____ Date of Last Contact: _____

Have you spoken to the non-custodial parent about this application? _____

THE FOLLOWING IS FOR FUNDING REPORTING PURPOSES ONLY

Having this information is vital to seek funding for the program. Providing the following information will help BBBS qualify for funding, allowing us to continue to offer free mentoring services. Funders of the BBBS Programs require that we provide family income figures. This information will be held in strict confidence and will be used only for obtaining funding. BBBS does not give out information on individual families, we do give out summary information based on the totals received from all families.

What is your source of income? _____

What is your approximate yearly household income? _____

Please circle any benefits you are receiving: Public Assistance Disability Social Security Medical

Members of the household. List all persons living in your home (include children & adults).

Name Sex Age Relationship to child

ABOUT YOUR CHILD

What three words would you use to describe your child's temperament/personality?

Describe your child's school participation (include performance, conduct, attitude.)

Has your child ever received any kind of counseling? If so, when: _____

Counselor/Therapist: _____ Phone: _____

Has your child ever been in any kind of institution? If so, when and why: _____

Please list your child's health problems/allergies, or physical limitations? _____

What is your child's reaction to the possibility of being matched to a volunteer? _____

What do you hope your child will gain from a relationship with a Big Brother or Big Sister?

How did you hear about Big Brothers Big Sisters?



Big Brothers Big Sisters of Santa Cruz County

Consent To Use Identifying Information In Agency Promotional Materials

I _____, parent or guardian of _____
Hereby give my permission for Big Brothers Big Sisters of Santa Cruz County to use our names and or pictures in the Agency promotional materials. I understand that no personal history information regarding or identifying my child or me will be used by the agency indicated above.

Parent/Guardian

Date

Agreement to Protect the Confidentiality of the Match

I agree to keep personal information discussed with me regarding a potential (Big Brother/Little Brother or Big Sister/Little Sister) match confidential. I will not discuss the information with any persons other than the assigned professional staff of the Big Brothers Big Sisters Agency.

Parent/Guardian

Date

Parent Release Statement

I will not consider Big Brothers Big Sisters of Santa Cruz County or the volunteer who is working with my child responsible for any loss, damage of personal property or any injury (mental or physical) that results from the participation of my child in the Big Brothers Big Sisters program or any activity that is in connection with the Agency.

Parent/Guardian

Date

Permission to Participate

I grant permission for my child to participate in the Big Brothers Big Sisters Of Santa Cruz County Mentoring Program.

Signature: _____

Date: _____



Big Brothers Big Sisters of Santa Cruz County

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

Child's Name: _____

This is to authorize: _____
School or therapist name

to disclose and release information including psychiatric, psychological, medical records or educational records, or provide information regarding the above-named child to personnel of Big Brothers Big Sisters of Santa Cruz County, who may discuss all matters pertinent to the provision of Big Brothers Big Sisters services to said child. This information is required by Big Brothers Big Sisters of Santa Cruz County to assess applicant's need and suitability for services offered.

PARENT / GUARDIAN

RELATIONSHIP TO CHILD

1500 41st Avenue, Suite 250, Capitola, CA 95010
Phone:(831) 464-8691 Fax: (831) 464-8693



Big Brothers Big Sisters of Santa Cruz County

Activity Checklist

Place a check in the column next to the activities that you enjoy.

| Sports | | Games | | Other | |
|-----------------|--|----------------|--|------------------|--|
| Rollerblading | | Chess | | Cooking | |
| Skating | | Checkers | | Baking | |
| Bicycling | | Board Games | | Museums | |
| Swimming | | Cards | | Aquarium | |
| Skateboarding | | Video Games | | Hiking | |
| Fishing | | Pool | | Picnics | |
| Football | | Tennis | | Gardening | |
| Basketball | | Miniature golf | | Camping | |
| Baseball | | | | Music | |
| Soccer | | Crafts | | Dancing | |
| Volleyball | | | | Singing | |
| Bowling | | Sewing | | Photography | |
| Golf | | Drawing | | Puzzles | |
| Ping-Pong | | Painting | | Models | |
| Pool | | Woodwork | | Movies | |
| Surfing | | Ceramics | | Computers | |
| Martial Arts | | Knit/crochet | | Boating | |
| Gymnastics | | | | Reading | |
| Snow sports | | | | Beach | |
| Frisbee | | | | Play Instrument | |
| Boogie boarding | | | | Horseback riding | |
| Scuba/snorkel | | | | Concerts | |
| Sports events | | | | Writing | |
| | | | | Running | |

Other Interests:

Pets:

LITTLE BROTHER/LITTLE SISTER INTEREST SHEET

Please fill this in by yourself. Ask an adult if you need help spelling anything. Your answers will help us find a Big Brother or Big Sister who is just right for you!

Name: _____ Date: _____

Please fill in the blanks below with your **FAVORITES**:

Animal _____ Movie _____ Hobby _____

Subject at school _____ Possession _____

Hero _____ T.V. Show _____

Book _____

Indoor Game _____ Outdoor Game _____

Sports team _____ T.V. or movie star _____

Who is the one person in the world you would most like to meet?

What would you most like to be or do when you grow up?

If someone gave you a million dollars today, what would you buy or do with it?

If you could solve any problem in the world today, what would it be?

Complete these sentences as quickly as you can. Please don't skip any of them. Be sure to make a complete sentence.

1. My school _____.

2. I am proud of _____.

3. I like _____.
4. I dream _____.
5. My mother _____.
6. My father _____.
7. My brother(s) _____.
8. My sister(s) _____.
9. I am sorry _____.
10. It makes me angry _____.
11. A good friend is _____.
12. Other kids my age _____.
13. Boys _____.
14. Girls _____.
15. I worry most _____.
16. My mother treats me _____.
17. My father treats me _____.
18. I am happiest when _____.
19. I get scared when _____.
20. I hope _____.
21. My teacher _____.
22. Sometimes people _____.