



Jewish
Big Brother Big Sister
 Association
of Bellefaire JCB

22001 Fairmount Boulevard, Shaker Heights, Ohio 44118

Phone: (216) 320-8483 Fax: (216) 320-8759 Website: www.jbbbsa.org

APPLICATION

Full Name of Child _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Child's Age _____ Date of Birth _____

Sex _____ Race _____ Religion _____ Grade _____

Child's E-mail Address _____

We are currently involved in services at Bellefaire JCB Yes No

If "yes" what program (s) _____

Parent/Guardian Information

Child Lives With: Mother & Father Mother Father Relative Foster Care

Other (describe) _____

Name of individual(s) with legal custody of child: _____

Parent/Guardian 1: _____

Marital Status:	Married	Single	Divorced	Widowed	Remarried	Separated
Present Employer:	_____					
Work Address:	_____					
Job Title/Occupation:	_____	Work Phone:	_____			
Parent's/Guardian's Cell Phone:	_____					
Parent's/Guardian's Email:	_____					
Parent's/Guardian's Home Address:	Same as child or : _____					

Parent/Guardian 2: _____

Marital Status:	Married	Single	Divorced	Widowed	Remarried	Separated
Present Employer:	_____					
Work Address:	_____					
	Street	City	State	Zip		
Job Title/Occupation:	_____			Work Phone:	_____	
Parent's/Guardian's Cell Phone:	_____					
Parent's/Guardian's Email:	_____					
Parent's/Guardian's Home Address:	Same as child or : _____					

The following box should be completed if child is not living with both parents:

Does this parent have contact with the child?	Yes	No	
	Occasionally (identify how often)		_____
Is this parent aware of request for service?	Yes	No	
Does this parent have objections to service?	Yes	No	

Composition of Household

Name	Date of Birth	Relationship to Child

Income

Is the family receiving income assistance:	Yes	No	
If "YES", indicate type of assistance:	_____		
Approximate monthly family income (optional):	\$ _____		

Education

School Child Attends: _____	Present Grade: _____			
School Address: _____	City _____ Zip: _____			
Current marking period grades:	Excellent	Good	Fair	Poor
School conduct:	Excellent	Good	Fair	Poor

Please list additional activities in which your child participates: (i.e. camp, temple activities, Boy or Girl Scouts, clubs, etc.) _____

Does child have a record with the police? Yes No

If "YES", provide background: _____

Do you have any concerns about your child's emotional, intellectual or social functioning that a volunteer working with our child should be aware of? Yes No

If "yes" please describe:

Emergency Contact Information

Name: _____ Phone Number: _____

Relationship to Child: _____

AGREEMENT AND CERTIFICATION

I certify the information given by me in this application is true in all respects. I allow my child to participate in The Jewish Big Brother Big Sister Association and will support his or her being mentored in a one-to-one capacity, with a minimum of two activities per month. I understand that completion of this application does not imply acceptance into the program.

E-Signature: _____ **Date:** _____

Return to Jill Sadowsky
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