



Jewish
Big Brother Big Sister
 Association
of Bellefaire JCB

22001 Fairmount Boulevard, Shaker Heights, Ohio 44118

Phone: (216) 320-6845 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 _____

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.

Signed: _____ **Date:** _____

Return to Mandy Kwait
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