



*of Bellefaire JCB*

22001 Fairmount Boulevard, Shaker Heights, Ohio 44118

Phone: (216) 320-8423 Website: [www.jbbbsa.org](http://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 Alexa Lipp**  
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