



Serving Hillsborough, Pinellas, Polk, Pasco, Citrus, Hernando & Sumter

4630 Woodland Corp. Blvd. Suite #160  
Tampa, FL 33614

918 West Bay Dr.  
Largo, FL 33770

1231 E. Orange St.  
Lakeland, FL 33801

**LITTLE BROTHER/LITTLE SISTER ENROLLMENT FORM**  
THE FOLLOWING INFORMATION IS CONFIDENTIAL

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last

Child's Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: Hispanic or Not Hispanic (Circle one) Religion: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Parent/Guardian Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: Hispanic or Not Hispanic (Circle one) Relationship to Child: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_ Other parent in household: \_\_\_\_\_

Are you the custodial parent/guardian?  Yes  No Primary Language Spoken in Home: \_\_\_\_\_

Any household member active Military?  Yes  No Name and Relationship to child: \_\_\_\_\_

**CONTACT INFORMATION** (please provide as much information as possible)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell number: \_\_\_\_\_ Home number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Best time to call \_\_\_\_\_ May we call you at work?  Yes  No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Person Other than Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you anticipate any upcoming changes such as moving, marriage, or job change?  Yes  No If yes, please explain:

**Information regarding the absent parent (if applicable)**

Absent Parent's Name:	<input type="checkbox"/> Father <input type="checkbox"/> Mother	Date of Birth:
Street Address or General Location:	City/State:	Zip Code:
Contact Number:	Contact with child: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency:	

Total Number of Adult(s) in Household \_\_\_\_\_ Total Number of Children in Household \_\_\_\_\_

<b>List all in Household:</b>	<b>DOB:</b>	<b>Relationship to Child:</b>
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Table with 3 columns and 4 rows for data entry.

\*Use an additional attached sheet if necessary.

The information in this section is required for grant purposes only. By completing this section, you are agreeing to allow your child to participate in our grant funded programs/activities. Please note that all information will be kept confidential and will not affect your child's acceptance into the program.

Annual Household Income Level: [ ] 0.00 – 9,999 [ ] 10,000-19,999 [ ] 20,000 – 29,999 [ ] 30,000 – 39,999 [ ] 40,000 – 49,999 [ ] 50,000 – up
Does child receive free/reduced lunch at school? [ ] Free [ ] Reduced [ ] Not Applicable
Does this child have any prior involvement with the Office of Juvenile Justice Department? [ ] No [ ] Yes
Is either parent of this child incarcerated: [ ] No [ ] Yes
Household Arrangement: [ ] Single Female Parent [ ] Single Male Parent [ ] Dual Parent: Married [ ] Grandparent [ ] Other

CHILD AND FAMILY

Describe your child's personality: \_\_\_\_\_

What are his/her interests, hobbies, and favorite activities? \_\_\_\_\_

Please indicate the academic area you would like your child to focus on: [ ] Reading [ ] Math [ ] Science

Does your child have any emotional/behavioral issues that BBBS and their mentor should be aware of? \_\_\_\_\_

Are you able and willing to be an active participant in your child's match (completing surveys, staying in contact with agency, answering questions etc.)? [ ] Yes [ ] No

If you have any preferences regarding the volunteer who will be matched with your child as their "Big", please specify below. All preferences will be honored. Please note that Big Brothers Big Sisters does not discriminate on the basis of gender, race/ethnicity, creed, sexual orientation, national origin. All of these areas are considered relevant and are discussed with the parent/guardian before the child is matched with an accepted volunteer.

Check all that you are open to: [ ] Big Brother [ ] Big Sister [ ] Big Couple

Race/ethnicity of the volunteer: [ ] No pref. [ ] Yes; specify: \_\_\_\_\_

Religion/faith of the volunteer: [ ] No pref. [ ] Yes; specify: \_\_\_\_\_

Sexual orientation of the volunteer: [ ] No pref. [ ] Yes; specify: \_\_\_\_\_

Check all ages that you are open to having your child matched with: [ ] 20-40 [ ] 40-60 [ ] 60+

\*Please note specific preferences can delay the matching process at times. Please discuss with staff if you have any specific questions

I HEREBY MAKE formal application to Big Brothers/Big Sisters of Tampa Bay to make available the services of Big Brothers Big Sisters to my child and, if possible, to assign to him/her a volunteer. I hereby knowingly release and hold harmless Big Brothers Big Sisters of Tampa Bay and their nominees, assignees and designees from all responsibilities and liabilities for any damages incurred due to any injuries sustained by my child or myself as a result of my child's participation in any Agency sponsored activity or in being transported thereto. I likewise recognize that the volunteer assumes no legal or financial liability.

DATE

PARENT/GUARDIAN'S SIGNATURE