



Confidential Application for Service  
**CHILD'S INFORMATION**  
(Parent/Guardian must complete one form per child)

**\*\*PLEASE PRINT\*\***

Legal Last Name	Legal First Name	M.I.	Date of Birth:	Gender:
Preferred Name:			Pronouns: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs	
Address	City	Zip	Student ID Number:	Social Security #:
Child's Ethnicity. Add any specifics regarding ethnicity that you wish to tell us: e.g. Hispanic "Puerto Rican" <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Haitian <input type="checkbox"/> Jamaican <input type="checkbox"/> Multi Racial <input type="checkbox"/> Unknown/Other				

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_ Lunch: Free/Reduced: \_\_\_\_\_

Is your child in an exceptional student program at school? ☐ Yes ☐ No If yes, please explain:

Does your child require special attention? ☐ Yes ☐ No If yes, please explain:

Please check all that apply with regards to your child:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Routinely has temper tantrums         | <input type="checkbox"/> Needs assistance at mealtimes       | <input type="checkbox"/> Allergies to food or plants |
| <input type="checkbox"/> Difficulty separating from parents    | <input type="checkbox"/> Needs assistance with personal care | <input type="checkbox"/> Aggressive towards others   |
| <input type="checkbox"/> Hyperactivity or poor impulse control | <input type="checkbox"/> Uses a wheelchair                   | <input type="checkbox"/> Has seizures                |

Does your child take medication on a regular basis? ☐ Yes ☐ No If yes, at what times?

Is your child allergic to anything? ☐ Yes ☐ No If yes, what?

Why would you like for your child to have a mentor?

What areas (academics, behavior, social skills etc.) would you like a mentor to help your child?

Please describe how you feel your child gets along with other children his/her age:

Are there any other needs and/or services that you are currently seeking for your child/family? ☐ Yes ☐ No  
If yes, what are they and would you want BBBS to assist with referrals for additional services?

Are you willing to communicate with a BBBS case manager at least once a month via phone calls and email while your child is in our program: ☐ Yes ☐ No

Do you anticipate any changes in the coming year? (i.e., moving, marriage, etc.) ☐ Yes ☐ No  
If yes, please explain:

**Confidential**  
**Application for Services**  
**Parent / Legal Guardian Information**

**Your relationship to child:**

- ☐ Mother ☐ Father  
☐ Legal Guardian ☐ Grandparent  
☐ Foster Parent ☐ Other: \_\_\_\_\_

**\*\* PLEASE PRINT \*\***

Legal Last Name		Legal First Name		M.I.	Date of Birth:	Gender:
Preferred Name:					Pronouns: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs	
Home Phone #:	Cell Phone #:	Work Phone #:		Email Address:		
Parent/Legal Guardian's Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Haitian <input type="checkbox"/> Jamaican <input type="checkbox"/> Multi Racial						
Emergency Contact Person:		Phone Number:			Relationship to You:	

Is English your second language? ☐ Yes ☐ No If yes, please let us know your preferred speaking/reading language \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position: \_\_\_\_\_

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

What hours do you work? \_\_\_\_\_ Best time and place to call you: \_\_\_\_\_

**Living Situation:**

- ☐ Two Parent ☐ One Parent: Female ☐ One Parent: Male ☐ Other Relative ☐ Group Home ☐ Foster Home ☐ Institution  
☐ Grandparents ☐ Two Parent: Not Married ☐ Two Mothers ☐ Two Fathers ☐ Other (please specify) \_\_\_\_\_

**Annual Household Income: (for statistical purposes only)**

- ☐ Below \$5,000 ☐ \$5,000-7,499 ☐ \$7,500-9,999 ☐ \$10,000-14,999 ☐ \$15,000-19,999  
☐ \$20,000-29,999 ☐ \$30,000-39,999 ☐ \$40,000-49,999 ☐ \$50,000 and above

**Additional Sources of Income:**

AFDC \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Medicaid eligible: ☐ Yes ☐ No

**How did you hear of Big Brothers Big Sisters?** \_\_\_\_\_

**Below is very important to have in order for your child to participate in the e-mentoring BISS Program:**

Does your child have access to a computer/laptop/iPad/cell phone when you are not home? ☐ Yes ☐ No

Does your child have access to internet service? ☐ Yes ☐ No

Does your child have access to Zoom? ☐ Yes ☐ No

Does your child have a parent (s) enrolled in the military? ☐ Yes ☐ No If yes, what branch \_\_\_\_\_

Is he/she currently deployed: ☐ Yes ☐ No

Does your child have a parent(s) who is incarcerated or have a history of incarceration? ☐ Yes ☐ No

(If so, we have a program your child would be eligible for called Mentoring Children of Promise)

**INFORMATION CONCERNING OTHER PARENT(S):**

(Please note that if there is an absent parent(s) they will be notified unless there is legal proof of sole custody)

Name: \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Current Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Does he/she share custody of the child?

☐ Yes ☐ No Can you show documentation? ☐ Yes ☐ No

Are they aware of child's enrollment in BBBS? ☐ Yes ☐ No

Does he/she have contact with this child? ☐ Yes ☐ No If yes, how often? \_\_\_\_\_

**OTHER MEMBERS OF THE HOUSEHOLD**

Name	Relationship to Child	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## **CONSENT FOR SERVICES**

I hereby make formal application to BIG BROTHERS BIG SISTERS OF BROWARD, INC., ("Agency") a non-profit Florida corporation to make available the services of the Agency to my child, and if possible, assign to him/her a competent screened adult volunteer. I give my consent for myself and my child to participate in all assessment services, to cooperate and assist in all planning activities and to receive all services for my child as deemed necessary by the Agency. I consent for my child to participate in Agency sponsored activities while s/he is on the accepted waiting list or matched with a Big Brother or Big Sister. I further consent to the Agency providing transportation services for my child to and from any Agency sponsored activities. I hereby release Big Brothers Big Sisters of Broward and their nominees, assignees and designees from 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 hereby understand that BBBS may disclose information about my child or myself which is contained in this application, or is learned through interviews or otherwise, to only an adult volunteer who is being considered as a Big Brother / Big Sister for my child and authorize the same. I also understand that while my child is accepted, waiting but not yet matched, Big Brothers Big Sisters' volunteers are prohibited from calling or meeting privately with my child. If I have knowledge that a volunteer has contacted or attempted to meet with my child, I agree to inform my case manager immediately.

This is to certify that the above information is true and correct. **A copy of this form will serve as an original and is part of my child's Application for Services.**

### **Consent to Request/Release Information**

I hereby authorize Big Brothers Big Sisters of Broward, Inc. to request, obtain copies of, and release information and/or records concerning: academics, psychological evaluations, or diagnostic evaluations, including Individual Education Plans and copies of school Quarterly Report cards.

This authorization shall be effective and continually in force, to the extent permitted by law, from the date of this authorization until revoked by the Parent/Guardian with written notice or a Successor Authorization, provided by BBBS is executed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo/Social Media Release**

I consent for all purposes consistent with the goals for BIG BROTHERS BIG SISTERS OF BROWARD, INC., a Florida corporation ("BBBS") to the sale, reproduction and/or use of photographs of my child by BBBS and by any nominee, designee or assignee to the rights of BBBS in the photographs (including, but not limited to, any agency, client, periodical or other publication to which BBBS may assign its rights in the photographs) in all forms and media and in all manners, including, but not limited to advertising, publicity, trade, display, editorial, art and exhibition.

In giving this consent, I release BBBS, their employees, agents, nominees, designees and assigns from liability for claims for damages arising out of or relating to any personal proprietary rights I may have in connection with the sale, reproduction or use of the photographs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO THE BIG BROTHERS BIG SISTERS OF BROWAD COUNTY  
AGENCY WITH ATTENTION TO OUR CUSTOMER RELATIONS STAFF.  
ALL CONTACT INFORMATION IS LISTED BELOW:**

**BIG BROTHERS BIG SISTERS OF BROWARD, INC.  
3511 W Commercial Blvd, Suite 200 Fort Lauderdale, FL 33309 Tel: (954) 584-9990 FAX (954) 584-9868**

## **RELEASE OF LIABILITY AND WAIVER**

### **NOTICE TO THE MINOR CHILD'S NATURAL/LEGAL GUARDIAN**

**PLEASE REVIEW THIS DOCUMENT COMPLETELY AND CAREFULLY. It includes a release of liability and waiver of legal rights on behalf of yourself and your minor child/ward, including a waiver of the right to sue certain parties. Do not agree to this document unless you have read and understand it in its entirety. By signing this document, you acknowledge that you have both read and understood the text presented to you. When you sign below, you understand and agree that participating in Big Brothers Big Sisters of Broward County's programs, including sponsored events and related activities, carry certain inherent dangers and risks which may or may not be readily foreseeable, including, without limitation, personal injury, property damage or death. You and your minor child/ward's ability to participate in these programs and events are subject to your agreement to the terms of this Release of Liability and Waiver, and by signing this agreement, you accept and agree to the terms stated herein on behalf of yourself and your minor child/ward, as designated below, including the release of liability and waiver of legal rights provisions. You have the right to refuse to sign this agreement, and Big Brothers Big Sisters of Broward County and any other of the released parties have the right to refuse to let you and/or the child participate if you do not sign this agreement.**

I, \_\_\_\_\_, wish for the minor child/ward identified below (referred to herein as the "Child") and myself (if applicable) to participate in Big Brothers Big Sisters of Broward County's (referred to herein as "BBBS") programs as well as any and all events hosted by, organized by or in any way presented to myself and the Child by BBBS. I understand that mine and/or the Child's participation in any BBBS program and/or event, which may include water activities, physical activities and/or activities that are inherently dangerous, is **voluntary** and it is my responsibility to take proper precautions to minimize the risk of injury to myself, the Child and others.

Therefore, for good and valuable consideration, including the right to participate in BBBS' programs and events, the receipt and sufficiency of which is hereby acknowledged, I agree on behalf of myself and the Child as to the conditions stated in this Release of Liability and Waiver (referred to herein as the "Release").

**Release, Indemnification and Waiver.** As consideration for myself (as applicable) and the Child being permitted to participate in BBBS' programs and/or events, I, the undersigned, on behalf of myself and the Child, hereby irrevocably and unconditionally release, discharge, hold harmless, indemnify, and covenant not to sue BBBS, its employees, directors, members, board members, sponsors, partners, volunteers, agents and/or the Child's assigned Big Brother/Sister (collectively,

the “**Released Parties**”) of and from any and all liabilities, injuries, illness, disability, death, losses, claims, damages, demands, rights of action or causes of action, including those arising out of or related to potential exposure to the novel coronavirus COVID-19, present or future, known or unknown, foreseen or unforeseen, arising out of or in any manner resulting from my or the Child’s presence at or participation in any BBBS program and/or event, including events and physical activities that are inherently dangerous or carry risks of injury or death to person or property, as well as outings with the Child’s Big Brother/Sister including without limitation driving with the Child’s Big Brother/Sister, whether caused in whole or in part by the negligence, acts, omissions, carelessness, or other conduct of the Released Parties (collectively, “**Claims**”). This Release shall be binding upon my and the Child’s heirs, executors, administrators and assigns.

I further acknowledge that I may be asked to sign additional waivers or releases of liability in connection with specific BBBS events that I or the Child participate in, and I acknowledge and agree that any subsequent waiver of liability or release signed in connection with a specific BBBS event does not supersede nor replace this Release but is instead in addition to this Release. I further acknowledge and agree that this Release covers and applies to any and all events and/or programs I or the Child participates in through BBBS and that no additional waiver of liability or release is needed.

**Assumption of Risk and Ability to Participate.** I understand that, even with adherence to reasonable safety practices, there exists a risk of injury to those who participate in a BBBS program or event. I acknowledge that such injuries could be catastrophic, including paralysis and death. I understand that some of these risks are outlined herein, but there may be other, unknown risks that are an inevitable part of participating in BBBS programs and/or events. I understand that the Child will likely be driven by the Child’s Big Brother/Sister which transportation also carries inherent risks. I further understand that neither I, nor the Child, should participate in any BBBS program or event unless we are physically and medically able to do so and agree and acknowledge that it is my sole responsibility to determine my (as applicable) and the Child’s physical fitness and our ability to engage in a BBBS program and/or event. I understand that it is my responsibility to consult with my physician or the Child’s concerning any injury, illness, or medical condition that arises during the course of any BBBS program or event and after I execute this Release. Further, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the Child or I may be exposed to or infected by COVID-19 by attending and participating in BBBS programs or events and that such exposure or infection may result in personal injury, illness, disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a BBBS program or event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Released Parties and program participants and their families. I knowingly, freely and voluntarily accept and agree to assume all of the foregoing risks and accept sole responsibility for any claims that I or the Child may experience or incur in connection with my or the Child’s attendance at or participation in a BBBS program or event.

My, and the Child’s access to, use of, or participation in a BBBS program or event is completely voluntary, and I, on behalf of myself and the Child, including the Child’s , assume all risk associated therewith, whether the risks are foreseeable or not foreseeable. IN EXCHANGE FOR BBBS ALLOWING ME AND THE CHILD TO PARTICIPATE IN ANY PROGRAM, ACTIVITY, OR EVENT ASSOCIATED WITH BBBS, I AGREE THAT MYSELF AND THE

CHILD ON BEHALF OF WHICH I AM SIGNING THIS RELEASE (SUBJECT TO FLORIDA LAW), WAIVE AND FOREVER RELEASE THE RELEASED PARTIES FROM LIABILITY FOR ANY CLAIMS. IN OTHER WORDS, I ASSUME ALL THE RISKS AND ALL THE RESPONSIBILITY FOR MY OWN WELLBEING AND THE WELLBEING OF THE CHILD. This Assumption of Risk shall be binding upon my and the Child's heirs, executors, administrators and assigns.

**Treatment.** I understand and agree that I will be responsible for the care and treatment of the Child in the event the Child sustains an injury during or as a result of the Child's participation in any BBBS program or event. I hereby acknowledge and understand that neither BBBS nor any other Released Party has any obligation or duty to provide medical treatment for the Child in case of injury. Notwithstanding such absence of duty, as parent or legal guardian of the Child, I hereby give my consent to the Released Parties to seek, obtain, and provide emergency medical treatment for the Child in case of injury that occurs while participating in a BBBS program or event. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of the Child. I understand that such treatment will be sought and provided if, in the sole opinion of the Released Parties, medical attention is prudent or needed and I hereby agree to pay all costs associated with such medical care. I further understand that reasonable efforts may be made to contact me before providing such treatment, however, that the treatment will be sought and provided to the Child regardless of whether I have been contacted.

**Disclaimer of Warranties.** THE RELEASED PARTIES MAKE NO WARRANTY THAT ANY BBBS PROGRAM OR EVENT WILL BE SAFE, SECURE OR ERROR FREE AND EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT.

**Legal Authority.** I hereby represent and warrant that I am at least 18 years of age and of sound mind and body, and I am legally capable of giving this release on my behalf and on behalf of the Child, that I have the legal authority to agree to this Release on the Child's behalf. By signing below, I acknowledge that I FULLY UNDERSTAND AND AGREE to the terms of this Release and that this Release will apply to me and the Child, and to our heirs, personal representatives, and assigns and that I have the authority to bind the Child to the terms stated herein.

**Applicable Law; Consent to Jurisdiction and Venue.** I hereby agree that the laws of the State of Florida, without regard to the conflict of laws principles thereof, will apply to any and all disputes or claims relating in any way to this Release and my participation in any BBBS program or event. I agree that the exclusive jurisdiction for such disputes and claims shall lie exclusively in Broward County, Florida and I agree and expressly consent to the exercise of personal jurisdiction in such courts over myself and the Child.

**Jury Trial Waiver.** I EXPRESSLY AND IRREVOCABLY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION ARISING OUT OF OR RELATING TO THIS RELEASE OR THE CHILD'S AND/OR MY PARTICIPATION IN ANY BBBS PROGRAM OR EVENT.

**Severability.** I understand that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and agree that if any portion of this Release is invalid, the remainder will continue in full legal force and effect.

**I HEREBY AFFIRM THAT I HAVE READ THIS RELEASE, AND THAT I FULLY UNDERSTAND ITS TERMS. I FURTHER AFFIRM MY UNDERSTANDING THAT, BY SIGNING THIS RELEASE, I AM GIVING UP SUBSTANTIAL RIGHTS ON BEHALF OF MYSELF AND THE CHILD, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM ASSENTING TO THIS RELEASE FREELY AND VOLUNTARILY, AND THAT BY SIGNING I INTEND FOR MYSELF AND THE CHILD TO BE BOUND BY THIS RELEASE TO THE FULLEST EXTENT ALLOWED BY LAW.**

Name of Minor Child/Ward for whom I am signing this Release on behalf of: \_\_\_\_\_

\_\_\_\_\_

Undersigned's Relationship to Minor Child/Ward: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_