



LIMA SELF-SUFFICIENCY INITIATIVE
INDIVIDUAL/FAMILY APPLICATION

Please fill out completely. All information is confidential.

Big Brothers Big Sisters of West Central Ohio is partnering with Allen County Department Job & Family Services, Coleman Professional Services and United Way of Greater Lima to match men and women with adult mentors who will provide guidance and support over the next 12 months to help you obtain and retain employment.

Name: _____ Sex _____ DOB _____ SSN _____

Ethnic Origin: [] African American [] Asian [] Caucasian [] Hispanic [] Native American [] Multi-Racial

Maiden Name/Other Names Used _____

Address: _____
Street/Post Office Box City/Village State Zip Code

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Occupation _____ Employer Phone _____

Education (year completed) High School _____ College _____ Technical/Trade/College _____

Marital Status [] Married [] Divorced [] Single [] Separated

Who currently resides in your household and their relationship to you _____

I hereby authorize schools, physicians, counselors and governmental and non-profit social service agencies to release information contained in my records to your agency to enable you to assess my eligibility to participate in the Lima Self-Sufficiency Initiative. Specifically, I agree that Allen County Department of Job & Family Services, Coleman Professional Services, Big Brothers Big Sisters of West Central Ohio, Inc., and United Way of Greater Lima may exchange and disclose information, including but not limited to medical information, about me in order to determine my employability and to provide services which will assist me to become self-sufficient. I further agree that such information may be disclosed to subgrantees and contractors performing services for the purpose of my becoming self-sufficient to the extent that such disclosure is permitted by State and Federal law and necessary for administration of the programs provided by the agencies listed above. Any information used or disclosed per this specific authorization may be re-disclosed to any other entity included in the authorization. This authorization is good for 12 months from the date signed or until revoked by me in writing, whichever comes first.

I hereby, on behalf of myself, my heirs, executors, administrators, successors, and assigns, waive and release Big Brothers Big Sisters of West Central Ohio, Inc., its directors, employees and volunteers, their respective heirs, executors, administrators, successors, and assigns, from all liability, loss, damages, costs, expenses, causes of action, suits, and claims of any nature whatsoever arising from, based upon, or related to personal injury or death to, or damage to or loss of property of, sustained by me or members of my immediate family while participating in the Lima Self-Sufficiency Initiative, including liability for negligence.

Signature of Applicant

Printed Name of Applicant

Date

Big Brothers Big Sisters of West Central Ohio, 207 West Elm Street, Lima OH 45801-419-222-8500



Allen County

Ohio.gov
Ohio Department of Job & Family Services
Allen County Job & Family Services



United Way of Greater Lima