



LITTLE BROTHERS/LITTLE SISTER APPLICATION

Date: _____

1. Child Information

Full Legal Name: _____

DOB(M-D-Y): _____ Gender: Male Female

Place of Birth: _____

Address: _____

City: _____ Postal Code: _____

Home Phone #: _____

Email Address: _____

School: _____ Grade: _____

Cultural Background: _____

Languages: _____

Are you or your child involved with any other community agency? Yes No

1. Agency Name: _____

Agency Staff: _____ Phone #: _____

2. Agency Name: _____

Agency Staff: _____ Phone #: _____

Child's Alberta Health Card Number: _____

Child's Doctor: _____ Doctor's Phone Number: _____

Please list any health problems, allergies, limiting conditions, communicable diseases or medications your child is on:

Health Problems/Conditions	Medication



2. Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____ Cultural Background: _____

Home Phone #: _____ Cell Phone #: _____

Occupation: _____

Employer: _____

Working Hours: _____ Work Phone #: _____

Email: _____ Fax #: _____

May we contact you at work? Yes No What is the best time to reach you? _____

If not employed, what is your means of support?

Social Assistance Student- Full Time Student- Part Time

Unemployment Insurance Disability Other: _____

Do you have child welfare status? Yes No

If yes, what is your status? _____

Current Marital Status: _____

Do you have sole custody of your child? Yes No

If you are the sole parent/guardian, is it a result of:

Divorce Separation Death Other: _____

Date: _____

If any, what are the custody arrangements for your child? _____

If you are a single parent with custody, what are the visiting rights of the other parent? Does he/she use these rights? What are the access arrangements?

Other people at home (including children) _____



Name	Age	Gender	Relationship

3. Emergency Contact Information

Whom may we contact if you are unavailable?

Name: _____ Relationship: _____

Phone Number: _____ City: _____

4. Other Parent (whether involved or not)

Parent's Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Address (if different from parent/guardian)

City: _____ Province: _____ Postal Code: _____

Email: _____

Cultural Background: _____ Occupation: _____

Is the other parent aware of this application? Yes No

If yes, what is his/her attitude? If no, why not? _____

What is the relationship like between the child and their other parent? _____

5. Relationships/Interests

Does your child have any behavioral or emotional difficulties that concern you?

Yes

No

Please Explain:

As far as you know, does your child get along well with peers at school?

Please describe your child's personality (moods, temper, maturity level, etc.)



Please check the qualities that you feel best describe your child:

- | | | | |
|-----------------------------------|-----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Carefree | <input type="checkbox"/> Busy | <input type="checkbox"/> Overactive |

Is your child interested or active in sports, church or group activities? Yes No

If yes, Please List:

Please indicate what hobbies, if any, your child currently enjoys:

6. School

Has your child ever been involved in a special education program? Yes No

If Yes, Please comment: _____

How is your child doing in school? _____

Do you think your child is doing as well as he/she can in school? Yes No

If no, please explain: _____

Does your child get in trouble in school? Yes No

If yes, is it: Often? Occasionally? Seldom?

7. Mentor Information

If your child aware of your application for a Mentor? Yes No

Does your child want a Big Sister/Big Brother? Please explain why:

How do you feel your child would benefit most from a Big Brother or Big Sister?

Do you have restrictions or preferences in matching your child to a mentor? _____



What types of activities do you think your child would like to do with a Big Brother/Big Sister?

Is there any information you would like to add to this application that will help us to serve your child's needs better?

8. Confidentiality

Just as we have to share information with you about the Big Brother Big Sister we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? Yes No

If yes, please clearly state what you do not want shared:

Your Name (Please Print)

Your Signature

Date

The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.

