



202-604 Signal Road
Fort McMurray, AB T9H 4Z4
Phone: (780) 791-2447 | Fax: (780) 743-0995
Email: adminwb@bigbrothersbigsisters.ca
woodbuffalo.bigbrothersbigsisters.ca

Little Brother / Little Sister Application

To be completed by the parent/guardian

All information collected in this form is kept strictly confidential in accordance with our Privacy Policy.

ABOUT THE YOUTH

Child's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Postal Code: _____ Province: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Languages Spoken: _____

Child's Doctor: _____ Phone: _____

Health Card #: _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

ABOUT THE PARENT/GUARDIAN

Name: _____

If Guardian, please note relationship to child: _____

Date of Birth: _____

Address: _____

Postal Code: _____ Province: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Are you employed? Yes No

Employer: _____

Can we call you at work? Yes No

Work Phone: _____ Extension: _____

If unemployed, are you receiving any of the following:

EI Social Assistance Disability

Other: _____

Are you a student? Yes No

School: _____

Phone: _____



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

Agency Name: _____ Phone: _____

Staff: _____

Other Parent/Guardian

Name: _____

If Guardian, please note relationship to child: _____

Date of Birth: _____

Address: _____

Postal Code: _____ Province: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

What type of relationship does the child have with the other parent/guardian?

If you are a single parent with custody, what are the visiting rights of the other parent? Do they use these rights? What are the access arrangements?



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Is the other parent/guardian aware of your application for the program? Yes No

If yes, what is their attitude? If no, why not?

FAMILY HISTORY/SITUATION

Does anything prevent your child from fully participating in the program? Yes No

If yes, please explain:

SCHOOL

Name of School: _____

Address: _____

Phone: _____

Grade: _____ Teacher: _____



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ABOUT A BIG BROTHER OR BIG SISTER

Is your child aware of your application for a Big Brother Big Sister? Yes No

If yes, what was their reaction?

CONFIDENTIALITY

Just as we have to share information with you about the Mentor (Big Brother/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

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.