



Little Sister/Little Brother Application Form

*****This application must be made on the request of the legal guardian*****

_____ **M / F** _____ **GUARDIAN / PARENT**
CHILD'S LEGAL NAME SEX MM DD YYYY CIRCLE ONE
DATE OF BIRTH

Are you the legal guardian of the child? **Y / N**
If No, please disclose the name and contact information of the child's legal guardian:

NAME OF GUARDIAN () _____ - _____ () _____ - _____
HOME PHONE CELL PHONE

CONTACT INFORMATION

PARENT/GUARDIAN CHILD LIVES WITH:

_____ CITY/TOWN
MAILING ADDRESS

POSTAL CODE E-MAIL
() _____ - _____ () _____ - _____
HOME PHONE CELL PHONE
() _____ - _____
WORK PHONE

EMERGENCY CONTACT:

_____ () _____ - _____
CONTACT PERSON PHONE

ADDRESS

RELATIONSHIP TO CHILD

May we contact you
at work?
Y / N

**PLEASE ATTACH A
PHOTO OF YOUR
CHILD HERE**

OFFICE USE

RECEIVED: ____ \ ____ \ ____
MM DD YYYY
CONTACTED: ____ \ ____ \ ____
MM DD YYYY

STAFF NAME: _____

BB / BS / Couples for Kids

COMMENTS: _____



PARENT INFORMATION

YOU:

How did you hear about Big Brothers & Big Sisters? _____

What is your marital status: _____

Are you currently employed? If yes, where? _____

Are you currently a student? If yes, what is your schedule? _____

OTHER PARENT:

Is the other parent a legal guardian of your child? **Y / N**

If **Yes**, please provide:

_____	_____	() _____ - _____	() _____ - _____
NAME	ADDRESS	HOME PHONE	WORK/CELL PHONE

<p>***CONSENT OF BOTH <u>LEGAL</u> GUARDIANS IS REQUIRED*** If necessary, proof of guardianship may be requested.</p>
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Is the other parent aware of your application for the program? **Y / N**

If **Yes**, how do you think they feel about it? _____

If **No**, why not? _____

What are the visiting rights of the other parent? Does he/she use these rights? How often does your child see or have contact with the other parent? _____

What are your child's reactions to those visits? _____

How would you describe the kinds of activities they do together: _____

FAMILY BACKGROUND

How long were you and the other parent together for? _____

How long have you been apart? _____

What was the situation or home environment like while you were together? _____

Are you currently involved in a dating relationship? **Y / N**



HEALTH INFORMATION

CHILD'S DOCTOR CLINIC () - PHONE ALBERTA HEALTH CARE #

Does your child have any medical problems, conditions or allergies? **Y / N**
If **Yes**, please explain: _____

Is your child on any medications? **Y / N**
If **Yes**, please explain: _____

Has your child ever seen or is your child now seeing a psychologist, social worker, therapist, family support worker, etc.? **Y / N**
If **Yes**, please explain (include approximate dates, contact information of worker): _____

Do you think your child has any emotional difficulties? **Y / N**
If **Yes**, please explain: _____

To the best of your knowledge, is there anything that may prevent or hinder your child from fully participating in the program? **Y / N**
If **Yes**, please explain: _____

PERSONALITY

Please describe your child's personality (moods, temper, maturity level): _____

What are your child's strengths? _____

Describe fears, if any, your child may have: _____

Please circle the qualities that best describe your child:
Friendly / Outgoing / Withdrawn / Carefree / Shy / Worried / Reserved / Overactive / Lonely / Busy

RELATIONSHIPS

How would you describe your relationship with your child? _____

If other adults are in the home, how does your child relate to them? _____

Does your child tend to have: **Many friends / Just a few friends**
Are they mostly: **Boys / Girls / Both**
Are they: **Older / Younger / Same Age**

COMMENTS: _____

How does your child get along with peers at school? _____

Does your child tend to play alone or with others? _____



SCHOOL

SCHOOL		ADDRESS	
() -	PRINCIPLE	TEACHER	GRADE

Does your child seem interested in school? **Y / N**

Do you think your child is doing as well as he/she could be in school? **Y / N**
 If **No**, please explain: _____

How often does your child get in trouble at school? **Often / Occasionally / Seldom**
 Comments: _____

How does your child generally get along with the teacher? _____

Has your child ever been involved in a special education program? **Y / N**
 If **Yes**, please comment: _____

SOCIAL ACTIVITIES

Briefly describe your child’s weekly schedule of activities: _____

MATCHING INFORMATION

Is your child aware of your application for a Big Brother / Big Sister? **Y / N**
 If **Yes**, what was the reaction? _____

Please circle your preference for the type of match (for an explanation of these matches please see the cover page of this application or go to http://www.yvc.ca/bbbs_info.html):

Big Brother / Big Sister / Couples Match

The wait for boys in the program is often lengthy given the limited number of Big Brother volunteers. The trend is to have more Big Sister volunteers. Would you and your son be open to a match with a Big Sister?
Y / N / Unsure

Describe the type of Big Brother / Big Sister you would like for your child: _____

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

How would you like to see them spend their time? _____

Are there any factors which you feel should be taken into account in matching your child (e.g. age, religion, ethnicity)? _____

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



CONSENT & 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? **Y / N**

If **Yes**, please clearly state what you do not want shared: _____

Date: ____________
MM DD YYYY

Parent/Guardian's Name: _____ Signature: _____

INTERESTS

*****PLEASE HAVE/HELP YOUR CHILD COMPLETE THE FOLLOWING*****

STEP 1: Check all the activities you are interested in.

STEP 2: CIRCLE UP TO 5 ACTIVITIES YOU LIKE TO DO MOST.

INDOOR INTERESTS

- Board Games, Chess, etc.
- Card Games
- Cooking
- Computers
- Dancing
- Building Models
- Reading
- T.V.
- Video Games
- Music
- Baking
- Pool/Billiards
- Movies

OUTDOOR INTERESTS

- Snowshoeing
- Backpacking, hiking
- Playground
- Frisbee
- Gardening
- Boating, Canoeing
- Camping
- Fishing, Hunting
- Horseback Riding
- Picnics
- Walking
- Tobogganing
- Rock Climbing

ARTS & CRAFTS

- Beadwork
- Crafts
- Leatherwork
- Painting, Coloring
- Drawing
- Pottery, Ceramics
- Sewing, Needlepoint
- Woodwork

OTHER

- Cultural Activities
- Animals
- Mechanics, Cars
- Photography
- Rodeo
- Theatre, Live Arts
- Travel
- Musical Instruments
- Which One(s): _____

SPORTS

- Archery
- Cross Country Skiing
- Snowboarding
- Cycling
- Downhill Skiing
- Jogging
- Golfing
- Gymnastics
- Ice Skating
- Swimming
- Soccer
- Rugby
- Ice Hockey
- Water Skiing
- Skateboarding
- Motor Cross
- Rollerblading
- Boxing
- Martial Arts
- Wall Climbing
- Racquet Ball/Squash
- Ping Pong
- Tennis
- Wrestling
- Baseball
- Basketball
- Bowling
- Curling
- Football
- Volleyball
- Badminton
- Floor Hockey
- Any other not listed: _____

Do you have any pets? If **Yes**, what? _____

Do you belong to any clubs, groups or teams? If **Yes**, which ones? _____

Do you consider yourself more of an: **Indoors Person / Outdoors Person / Both**