



#104, 10001 – 100 Avenue, Grande Prairie, AB
Phone: (780) 532-0620, Fax: 1-888-391-0787
Email: Erika.gilroy@gmail.com

Little Brother Little Sister Application

Child's Name: _____ Date of Birth: _____

Age: _____ Place of Birth: _____

Address: _____

_____ Postal Code: _____

Name of School: _____ Grade: _____

Home Phone: _____ Cell: _____

Email: _____ Languages Spoken: _____

How did you find out about Big Brothers Big Sisters of Grande Prairie? _____

Child's Doctor: _____ Phone: _____

Health Card #: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Parent/Guardian Information

Parent/Guardian Name: _____

If guardian, please note relationship to child: _____

Date of Birth: _____

Marital Status: _____

Are you employed? (May we call you at work?) YES NO

Where? _____ Work Phone: _____ x _____



Are you unemployed?

EI? Social Assistance? Disability? Other _____

Are you a student? Where? _____ Phone: _____ x _____

Are you or your child involved with any other community agency? YES NO

Agency Name: _____ Phone: _____

Other Parent Information

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Relationship with Child: _____

Family History/Situation

Other people living in the household include:

Name	Age	Gender	Relationship

How long has your child lived in your current home? _____

Has your child ever lived outside of YOUR home? YES NO (if yes, explain below)

Does anything prevent your child from fully participating in the program? YES NO

Please explain:



Medical History

Does your child have any medical problems, conditions or allergies? YES NO

If yes, please explain:

Relationships

How would you describe your relationship with your child?

If there are other children in the home, how does your child relate to them?

Social Activities

Is your child interested or active in any sports, church, or group activities? YES NO

If yes, please list: _____

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

Briefly describe your child's weekly schedule of activities.

A Big Brother Big Sister

Is your child aware of your application for a Big Brother Big Sister? YES NO

If yes, what was the reaction?

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



Describe the type of Big Brother or Big Sister you would like for your child.

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

Confidentiality

Just as we have to share the 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 that you do not want shared with a volunteer?

YES NO

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

Thank you for your application, we will do our very best to ensure that your child is matched with an appropriate Big Brother or Big Sister as soon as possible. Your answers to the questions above have greatly assisted us in doing so. Please be sure to advise us of any changes in your home situation, such as address changes, phone numbers, relationship changes, etc.

We are here for your support and to ensure a healthy and positive mentoring relationship occurs between your child and a positive adult role model. Therefore, please do not hesitate to contact the office with any questions, comments or concerns.

Thank you,



Big Brothers Big Sisters of Grande Prairie & Area

Please sign below indicating you are the parent/guardian for the child named in this application:

Name

Signature

Date